

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 23 2010 through 12 31 2010

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

Signature of Treasurer Electronically Filed by Andrew Tobias Date 03 16 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		346040.89
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1805254.78									
(c) Total Receipts (from Line 19)	144935.52	3541525.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1950190.30	3887566.12								
7. Total Disbursements (from Line 31)	484277.67	2421653.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1465912.63	1465912.63								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	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)	144935.52	3541525.23
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	144935.52	3541525.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	144935.52	3541525.23

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	484277.67	2421653.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	484277.67	2421653.49
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 Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	484277.67	2421653.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	484277.67	2421653.49

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	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)).....	484277.67	2421653.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	144935.52	3541525.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)	339342.15	-1119871.74

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

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

FOR LINE NUMBER: PAGE 6 / 212
(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

A. Full Name (Last, First, Middle Initial)
Illinois Senate 2010

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 ▼
43062.93

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

Transaction ID: SA15-2567

Amount of Each Receipt this Period
43062.93

B. Full Name (Last, First, Middle Initial)
ALEXI for ILLINOIS

Mailing Address 11 S LaSalle St., Suite 2400

City Chicago State IL Zip Code 60603

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39423.07

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 1 0

Transaction ID: SA15-2570

Amount of Each Receipt this Period
13400.00

C. Full Name (Last, First, Middle Initial)
COAKLEY FOR SENATE

Mailing Address 120 Prospect Street

City Ashland State MA Zip Code 01721

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35033.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 1 0

Transaction ID: SA15-2568

Amount of Each Receipt this Period
1705.97

SUBTOTAL of Receipts This Page (optional) ► **58168.90**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 212
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MINNESOTA DFL PARTY

Mailing Address 255 East Plato Blvd

City State Zip Code
St. Paul MN 55107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19710.28

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: SA15-2569

Amount of Each Receipt this Period
19710.28

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL ST SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
940294.93

Date of Receipt
MM / DD / YYYY
12 / 20 / 2010

Transaction ID: SA15-2571

Amount of Each Receipt this Period
7056.34

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL ST SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
940294.93

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA15-2572

Amount of Each Receipt this Period
60000.00

SUBTOTAL of Receipts This Page (optional)	▶	86766.62
TOTAL This Period (last page this line number only)	▶	144935.52

**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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-2660 Date of Disbursement 11 / 23 / 2010
	Mailing Address P O BOX 1270	Amount of Each Disbursement this Period 50000.00
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement Lodging & Catering	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ALBERG	Transaction ID: SB21B-1723 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1210 N. Taft Street, #705	Amount of Each Disbursement this Period 53.50
	City Alexandria State VA Zip Code 22201	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ALBERG	Transaction ID: SB21B-1724 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1210 N. Taft Street, #705	Amount of Each Disbursement this Period 200.00
	City Alexandria State VA Zip Code 22201	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **50253.50**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDREW BALLARD	Transaction ID: SB21B-1725 Date of Disbursement 11 / 29 / 2010
	Mailing Address 210 M Street, SW	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement Airline Baggage Fees	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANDREW BALLARD	Transaction ID: SB21B-1726 Date of Disbursement 11 / 29 / 2010
	Mailing Address 210 M Street, SW	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Louis A. Beattie, Jr.	Transaction ID: SB21B-1727 Date of Disbursement 11 / 29 / 2010
	Mailing Address P.O. BOX 1206	Amount of Each Disbursement this Period 20.00
	City LA CANADA State CA Zip Code 91012	
	Purpose of Disbursement Travel Expense	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	870.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Louis A. Beattie, Jr. <hr/> Mailing Address P.O. BOX 1206 <hr/> City LA CANADA State CA Zip Code 91012 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1728 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 400.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Ted Berger <hr/> Mailing Address 2108 Harlem Blvd <hr/> City Rockford State IL Zip Code 61103 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 800.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Nicole Black <hr/> Mailing Address 6424 Fairbanks Street <hr/> City New Carrollton State MD Zip Code 20784 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1730 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 35.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1235.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nicole Black	Transaction ID: SB21B-1731 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6424 Fairbanks Street	Amount of Each Disbursement this Period 800.00
	City New Carrollton State MD Zip Code 20784	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-1732 Date of Disbursement 11 / 29 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 100.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kristina Broadie	Transaction ID: SB21B-1733 Date of Disbursement 11 / 29 / 2010
	Mailing Address 10606 Pinedale Drive	Amount of Each Disbursement this Period 700.00
	City Silver Spring State MD Zip Code 20901	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KAREN C. BURCHARD	Transaction ID: SB21B-1734 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2400 Clarendon Blvd, #905	Amount of Each Disbursement this Period 28.21
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KAREN C. BURCHARD	Transaction ID: SB21B-1735 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2400 Clarendon Blvd, #905	Amount of Each Disbursement this Period 600.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL	Transaction ID: SB21B-1736 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2416 Berkshire Drive	Amount of Each Disbursement this Period 51.00
	City Winter Haven State FL Zip Code 33884	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	679.21
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL	Transaction ID: SB21B-1737 Date of Disbursement 11 / 29 / 2010	
	Mailing Address 2416 Berkshire Drive		
	City Winter Haven State FL Zip Code 33884	Amount of Each Disbursement this Period	20.00
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL	Transaction ID: SB21B-1738 Date of Disbursement 11 / 29 / 2010	
	Mailing Address 2416 Berkshire Drive		
	City Winter Haven State FL Zip Code 33884	Amount of Each Disbursement this Period	400.00
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) David Ceasar	Transaction ID: SB21B-1739 Date of Disbursement 11 / 29 / 2010	
	Mailing Address 1600 S. Eads St., #524N		
	City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period	59.35
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	479.35
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) David Ceasar	Transaction ID: SB21B-1740 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1600 S. Eads St., #524N	Amount of Each Disbursement this Period 800.00
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David Ceasar	Transaction ID: SB21B-1741 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1600 S. Eads St., #524N	Amount of Each Disbursement this Period 12.75
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Ceasar	Transaction ID: SB21B-1742 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1600 S. Eads St., #524N	Amount of Each Disbursement this Period 800.00
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1612.75
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1743</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.15"/></p>
<p>B. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1744</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="724.50"/></p>
<p>C. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1745</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="224.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="975.65"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JAMES DENBO	Transaction ID: SB21B-1746 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6006 Overlea Road	Amount of Each Disbursement this Period 53.01
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JAMES DENBO	Transaction ID: SB21B-1747 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6006 Overlea Road	Amount of Each Disbursement this Period 800.00
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-1748 Date of Disbursement 11 / 29 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 70.63
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	923.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-1749 Date of Disbursement 11 / 29 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 60.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-1750 Date of Disbursement 11 / 29 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 600.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-1751 Date of Disbursement 11 / 29 / 2010
	Mailing Address 432 10th Street, NE	Amount of Each Disbursement this Period 40.44
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	700.44
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-1752 Date of Disbursement
	Mailing Address 432 10th Street, NE	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Train Travel	<input type="text" value="23.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-1753 Date of Disbursement
	Mailing Address 432 10th Street, NE	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="600.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1754 Date of Disbursement
	Mailing Address 115 W. Monument Ave., Apt 1001	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Dayton State OH Zip Code 45402	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="31.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="654.18"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1755 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 25.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1756 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 600.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1757 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 16.50
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	641.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1758 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 123.42
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1759 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 50.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1760 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 600.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

773.42

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1761 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 25.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1762 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 500.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-1763 Date of Disbursement 11 / 29 / 2010
	Mailing Address 134 Oxford Drive	Amount of Each Disbursement this Period 800.00
	City Tenafly State NJ Zip Code 07670	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1325.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Sara Ferrill</p> <p>Mailing Address 4826 Brookview Drive</p> <p>City Jefferson City State MO Zip Code 65109</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1764</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Lawrence Fogel</p> <p>Mailing Address 501 N. Henry Street, Apt 912</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1765</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.39"/></p>
<p>C. Full Name (Last, First, Middle Initial) Lawrence Fogel</p> <p>Mailing Address 501 N. Henry Street, Apt 912</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1766</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1108.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DAVID GIFFORD	Transaction ID: SB21B-1767 Date of Disbursement 11 / 29 / 2010
	Mailing Address 4082 Happy Valley Road	Amount of Each Disbursement this Period 9.97
	City Lafayette State CA Zip Code 94549	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVID GIFFORD	Transaction ID: SB21B-1768 Date of Disbursement 11 / 29 / 2010
	Mailing Address 4082 Happy Valley Road	Amount of Each Disbursement this Period 500.00
	City Lafayette State CA Zip Code 94549	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-1769 Date of Disbursement 11 / 29 / 2010
	Mailing Address 69 Galen Street, #5	Amount of Each Disbursement this Period 110.00
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	619.97
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-1770 Date of Disbursement 11 / 29 / 2010
	Mailing Address 69 Galen Street, #5	Amount of Each Disbursement this Period 700.00
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Itai I. Grunfeld	Transaction ID: SB21B-1771 Date of Disbursement 11 / 29 / 2010
	Mailing Address 624 N. Virgil Avenue	Amount of Each Disbursement this Period 600.00
	City Los Angeles State CA Zip Code 90004	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Itai I. Grunfeld	Transaction ID: SB21B-1772 Date of Disbursement 11 / 29 / 2010
	Mailing Address 624 N. Virgil Avenue	Amount of Each Disbursement this Period 400.00
	City Los Angeles State CA Zip Code 90004	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Itai I. Grunfeld <hr/> Mailing Address 624 N. Virgil Avenue <hr/> City Los Angeles State CA Zip Code 90004 <hr/> Purpose of Disbursement Travel Expense <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1773 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 66.25
B.	Full Name (Last, First, Middle Initial) Itai I. Grunfeld <hr/> Mailing Address 624 N. Virgil Avenue <hr/> City Los Angeles State CA Zip Code 90004 <hr/> Purpose of Disbursement Airline Baggage Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1774 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 25.00
C.	Full Name (Last, First, Middle Initial) Itai I. Grunfeld <hr/> Mailing Address 624 N. Virgil Avenue <hr/> City Los Angeles State CA Zip Code 90004 <hr/> Purpose of Disbursement Advance Team Stipend <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1775 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 700.00

SUBTOTAL of Disbursements This Page (optional)	791.25
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-1776 Date of Disbursement 11 / 29 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 97.42
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-1777 Date of Disbursement 11 / 29 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 50.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-1778 Date of Disbursement 11 / 29 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 500.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	647.42
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS Mailing Address 441 10th Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1779 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 83.52
B.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS Mailing Address 441 10th Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1780 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Ryan Jones Mailing Address 1425 Chapin Street, NW, Apt 31A City Washington State DC Zip Code 20009 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1781 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 39.40

SUBTOTAL of Disbursements This Page (optional)	622.92
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ryan Jones	Transaction ID: SB21B-1782 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1425 Chapin Street, NW, Apt 31A	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ryan Jones	Transaction ID: SB21B-1783 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1425 Chapin Street, NW, Apt 31A	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ronald T. Keohane	Transaction ID: SB21B-1784 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2606 S. Kenmore Court	Amount of Each Disbursement this Period 100.66
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Events-Site Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	625.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ronald T. Keohane</p> <p>Mailing Address 2606 S. Kenmore Court</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1785</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 44.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ronald T. Keohane</p> <p>Mailing Address 2606 S. Kenmore Court</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1786</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ronald T. Keohane</p> <p>Mailing Address 2606 S. Kenmore Court</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1787</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

SUBTOTAL of Disbursements This Page (optional)	669.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Doug Laundry	Transaction ID: SB21B-1788 Date of Disbursement 11 / 29 / 2010
	Mailing Address 437 New York Ave., NW, #1204	Amount of Each Disbursement this Period 100.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Doug Laundry	Transaction ID: SB21B-1789 Date of Disbursement 11 / 29 / 2010
	Mailing Address 437 New York Ave., NW, #1204	Amount of Each Disbursement this Period 100.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anna Markowitz	Transaction ID: SB21B-1790 Date of Disbursement 11 / 29 / 2010
	Mailing Address 320 Hicks Street, Apt 4	Amount of Each Disbursement this Period 343.20
	City Brooklyn State NY Zip Code 11201	
	Purpose of Disbursement Events-Site Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	543.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Anna Markowitz	Transaction ID: SB21B-1791 Date of Disbursement 11 / 29 / 2010
	Mailing Address 320 Hicks Street, Apt 4	Amount of Each Disbursement this Period 180.31
	City Brooklyn State NY Zip Code 11201	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anna Markowitz	Transaction ID: SB21B-1792 Date of Disbursement 11 / 29 / 2010
	Mailing Address 320 Hicks Street, Apt 4	Amount of Each Disbursement this Period 700.00
	City Brooklyn State NY Zip Code 11201	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John McNaught	Transaction ID: SB21B-1793 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2963 Tilden Street, NW	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	930.31
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John McNaught	Transaction ID: SB21B-1794 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2963 Tilden Street, NW	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1795 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 205.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1796 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 400.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1305.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1797 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 500.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BRIAN MCPARTLIN	Transaction ID: SB21B-1798 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1 E. LONNQUIST BLVD.	Amount of Each Disbursement this Period 700.00
	City MOUNT PROSPECT State IL Zip Code 60056	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael McSwain	Transaction ID: SB21B-1799 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1427 College Avenue	Amount of Each Disbursement this Period 700.00
	City Shelby State NC Zip Code 28152	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Events-Site Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1800</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 28.33</p>
<p>B. Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1801</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1802</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

853.33

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Minor	Transaction ID: SB21B-1803 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1323 28th Street, NW	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-1804 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 800.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-1805 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 58.90
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1158.90

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jaime Moore</p> <p>Mailing Address 1451 Walz Avenue</p> <p>City Glenwood Springs State CO Zip Code 81601</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1806</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Philippe Nassif</p> <p>Mailing Address 355 I Street, SW, Apt 125</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1807</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Krystal Person</p> <p>Mailing Address 155 Potomac Passage, Unit 222</p> <p>City National Harbor State MD Zip Code 20745</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1808</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="176.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1476.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Krystal Person	Transaction ID: SB21B-1809 Date of Disbursement 11 / 29 / 2010
	Mailing Address 155 Potomac Passage, Unit 222	Amount of Each Disbursement this Period 100.00
	City National Harbor State MD Zip Code 20745	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Emily Petty	Transaction ID: SB21B-1810 Date of Disbursement 11 / 29 / 2010
	Mailing Address 811 4th Street, NW, #601	Amount of Each Disbursement this Period 114.86
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Emily Petty	Transaction ID: SB21B-1811 Date of Disbursement 11 / 29 / 2010
	Mailing Address 811 4th Street, NW, #601	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	234.86
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Emily Petty</p> <p>Mailing Address 811 4th Street, NW, #601</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1812</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p>B. Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1813</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 65.26</p>
<p>C. Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1814</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

SUBTOTAL of Disbursements This Page (optional)	715.26
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-1815 Date of Disbursement 11 / 29 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 600.00
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-1816 Date of Disbursement 11 / 29 / 2010
	Mailing Address 8200 Wisconsin Ave., #1417	Amount of Each Disbursement this Period 136.23
	City Bethesda State MD Zip Code 20814	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-1817 Date of Disbursement 11 / 29 / 2010
	Mailing Address 8200 Wisconsin Ave., #1417	Amount of Each Disbursement this Period 800.00
	City Bethesda State MD Zip Code 20814	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1536.23
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 212

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

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

A.	Full Name (Last, First, Middle Initial) DANIEL RASKOV	Transaction ID: SB21B-1818 Date of Disbursement 11 / 29 / 2010
	Mailing Address 316 San Vicente Blvd.	Amount of Each Disbursement this Period 84.71
	City Santa Monica State CA Zip Code 90402	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DANIEL RASKOV	Transaction ID: SB21B-1819 Date of Disbursement 11 / 29 / 2010
	Mailing Address 316 San Vicente Blvd.	Amount of Each Disbursement this Period 500.00
	City Santa Monica State CA Zip Code 90402	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-1820 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 146.00
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	730.71
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-1821 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 500.00
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETER A SELFRIDGE	Transaction ID: SB21B-1822 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1414 Belmont St., NW, Apt 301	Amount of Each Disbursement this Period 102.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETER A SELFRIDGE	Transaction ID: SB21B-1823 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1414 Belmont St., NW, Apt 301	Amount of Each Disbursement this Period 127.44
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Car Rental Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	729.44
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) BEN SHANNON</p> <p>Mailing Address 5609 Silo Hill Court</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1824 Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 67.94</p>
<p>B. Full Name (Last, First, Middle Initial) BEN SHANNON</p> <p>Mailing Address 5609 Silo Hill Court</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1825 Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>C. Full Name (Last, First, Middle Initial) BEN SHANNON</p> <p>Mailing Address 5609 Silo Hill Court</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1826 Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

SUBTOTAL of Disbursements This Page (optional)	692.94
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Elisa Shyu	Transaction ID: SB21B-1827
	Mailing Address 101 North Carolina Ave., SE, #108	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 70.00
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Elisa Shyu	Transaction ID: SB21B-1828
	Mailing Address 101 North Carolina Ave., SE, #108	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) JANNA SIDLEY	Transaction ID: SB21B-1829
	Mailing Address 10358 LORENZO DRIVE	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City LOS ANGELES State CA Zip Code 90064	Amount of Each Disbursement this Period 94.00
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	664.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JANNA SIDLEY	Transaction ID: SB21B-1830 Date of Disbursement 11 / 29 / 2010
	Mailing Address 10358 LORENZO DRIVE	Amount of Each Disbursement this Period 500.00
	City LOS ANGELES State CA Zip Code 90064	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-1831 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 90.02
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-1832 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 700.00
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1290.02
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-1833 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 183.48
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-1834 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 500.00
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kate Sinner	Transaction ID: SB21B-1835 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1926 W Burnside St., Unit 1410	Amount of Each Disbursement this Period 40.00
	City Portland State OR Zip Code 97209	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	723.48
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kate Sinner	Transaction ID: SB21B-1836 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1926 W Burnside St., Unit 1410	Amount of Each Disbursement this Period 500.00
	City Portland State OR Zip Code 97209	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIMOTHY SNEED	Transaction ID: SB21B-1837 Date of Disbursement 11 / 29 / 2010
	Mailing Address 101 S. WHITING STREET, #808	Amount of Each Disbursement this Period 78.00
	City ALEXANDRIA State VA Zip Code 22304	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIMOTHY SNEED	Transaction ID: SB21B-1838 Date of Disbursement 11 / 29 / 2010
	Mailing Address 101 S. WHITING STREET, #808	Amount of Each Disbursement this Period 800.00
	City ALEXANDRIA State VA Zip Code 22304	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1378.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1839</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="173.53"/></p>
<p>B. Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1840</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Ali Sutton</p> <p>Mailing Address 1422 11th Street, NW, Apt 2</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1841</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1023.53"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ali Sutton</p> <p>Mailing Address 1422 11th Street, NW, Apt 2</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1842</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Stephanie TEMAAT</p> <p>Mailing Address 400 Sophy Street</p> <p>City Spearville State KS Zip Code 67876</p> <p>Purpose of Disbursement Events-Site Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1843</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.98"/></p>
<p>C. Full Name (Last, First, Middle Initial) Stephanie TEMAAT</p> <p>Mailing Address 400 Sophy Street</p> <p>City Spearville State KS Zip Code 67876</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1844</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="902.98"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Stephanie Temaat	Transaction ID: SB21B-1845 Date of Disbursement
	Mailing Address 400 Sophy Street	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Spearville State KS Zip Code 67876	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Stephanie Temaat	Transaction ID: SB21B-1846 Date of Disbursement
	Mailing Address 400 Sophy Street	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Spearville State KS Zip Code 67876	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="800.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Rachel Thomas	Transaction ID: SB21B-1847 Date of Disbursement
	Mailing Address 303 South 40th Street	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19104	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="700.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1525.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Samuel Thomas</p> <p>Mailing Address 75 Cricket Ave., Apt 75B</p> <p>City Ardmore State PA Zip Code 19003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1848</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p>B. Full Name (Last, First, Middle Initial) Samuel Thomas</p> <p>Mailing Address 75 Cricket Ave., Apt 75B</p> <p>City Ardmore State PA Zip Code 19003</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1849</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Samuel Thomas</p> <p>Mailing Address 75 Cricket Ave., Apt 75B</p> <p>City Ardmore State PA Zip Code 19003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1850</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

605.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Samuel Thomas	Transaction ID: SB21B-1851 Date of Disbursement
	Mailing Address 75 Cricket Ave., Apt 75B	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Ardmore State PA Zip Code 19003	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="600.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Samuel Thomas	Transaction ID: SB21B-1852 Date of Disbursement
	Mailing Address 75 Cricket Ave., Apt 75B	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Ardmore State PA Zip Code 19003	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alexander A. Thorpe	Transaction ID: SB21B-1853 Date of Disbursement
	Mailing Address 1415 Chapin Street, NW, #207	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="69.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="969.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Alexander A. Thorpe</p> <p>Mailing Address 1415 Chapin Street, NW, #207</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1854 Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>B. Full Name (Last, First, Middle Initial) Peter Vale</p> <p>Mailing Address 425 Glyn Wynne Road</p> <p>City Haverford State PA Zip Code 19041</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1855 Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>C. Full Name (Last, First, Middle Initial) Maju Varghese</p> <p>Mailing Address 70-60 260th Street</p> <p>City Glen Oaks State NY Zip Code 11004</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1856 Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1900.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Maju Varghese	Transaction ID: SB21B-1857 Date of Disbursement 11 / 29 / 2010
	Mailing Address 70-60 260th Street	Amount of Each Disbursement this Period 336.90
	City Glen Oaks State NY Zip Code 11004	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-1858 Date of Disbursement 11 / 29 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 25.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-1859 Date of Disbursement 11 / 29 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 700.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1061.90

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-1860 Date of Disbursement 11 / 29 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 130.76
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-1861 Date of Disbursement 11 / 29 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 25.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-1862 Date of Disbursement 11 / 29 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 800.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	955.76
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1863 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="113.98"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1864 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="22037.55"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1865 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="2755.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="24906.65"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAUL STOVALL	Transaction ID: SB21B-1866 Date of Disbursement 11 / 29 / 2010
	Mailing Address 257A Brooklyn Avenue	Amount of Each Disbursement this Period 25.00
	City Brooklyn State NY Zip Code 11213	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL STOVALL	Transaction ID: SB21B-1867 Date of Disbursement 11 / 29 / 2010
	Mailing Address 257A Brooklyn Avenue	Amount of Each Disbursement this Period 800.00
	City Brooklyn State NY Zip Code 11213	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sally Armbruster	Transaction ID: SB21B-1869 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2208 N. Sedgwick, Apt 2	Amount of Each Disbursement this Period 800.00
	City Chicago State IL Zip Code 60614	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **1625.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ANDREW BINNS</p> <p>Mailing Address 75 Peterborough Street, #407</p> <p>City Boston State MA Zip Code 02215</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1870</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 140.81</p>
<p>B. Full Name (Last, First, Middle Initial) ANDREW BINNS</p> <p>Mailing Address 75 Peterborough Street, #407</p> <p>City Boston State MA Zip Code 02215</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1871</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>C. Full Name (Last, First, Middle Initial) JESSICA BLAKEMORE</p> <p>Mailing Address 1701 16th Street, NW, Apt 621</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1872</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 79.52</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1020.33

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JESSICA BLAKEMORE	Transaction ID: SB21B-1873 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1701 16th Street, NW, Apt 621	Amount of Each Disbursement this Period 280.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anie Borja	Transaction ID: SB21B-1874 Date of Disbursement 11 / 30 / 2010
	Mailing Address 530 Grand Street, Apt E3A	Amount of Each Disbursement this Period 87.43
	City New York State NY Zip Code 10002	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anie Borja	Transaction ID: SB21B-1875 Date of Disbursement 11 / 30 / 2010
	Mailing Address 530 Grand Street, Apt E3A	Amount of Each Disbursement this Period 700.00
	City New York State NY Zip Code 10002	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1067.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tramaine Brown	Transaction ID: SB21B-1876 Date of Disbursement 11 / 30 / 2010
	Mailing Address 164 Washington Street	Amount of Each Disbursement this Period 57.50
	City Spartanburg State SC Zip Code 29301	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Tramaine Brown	Transaction ID: SB21B-1877 Date of Disbursement 11 / 30 / 2010
	Mailing Address 164 Washington Street	Amount of Each Disbursement this Period 50.00
	City Spartanburg State SC Zip Code 29301	
	Purpose of Disbursement Airline Baggage Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Tramaine Brown	Transaction ID: SB21B-1878 Date of Disbursement 11 / 30 / 2010
	Mailing Address 164 Washington Street	Amount of Each Disbursement this Period 800.00
	City Spartanburg State SC Zip Code 29301	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	907.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-1879 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 33.28
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-1880 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 147.59
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL CAREY	Transaction ID: SB21B-1881 Date of Disbursement 11 / 30 / 2010
	Mailing Address 212 W. 16th Street, Apt 2R	Amount of Each Disbursement this Period 60.08
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	240.95
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Todd H. Dennett	Transaction ID: SB21B-1882 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1752 NW Market, #407	Amount of Each Disbursement this Period 92.28
	City Seattle State WA Zip Code 98107	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Todd H. Dennett	Transaction ID: SB21B-1883 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1752 NW Market, #407	Amount of Each Disbursement this Period 800.00
	City Seattle State WA Zip Code 98107	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Phyllis Dickerson	Transaction ID: SB21B-1884 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2219 Singleton Cove	Amount of Each Disbursement this Period 12.60
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Events-Site Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	904.88
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Phyllis Dickerson	Transaction ID: SB21B-1885 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2219 Singleton Cove	Amount of Each Disbursement this Period 27.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Phyllis Dickerson	Transaction ID: SB21B-1886 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2219 Singleton Cove	Amount of Each Disbursement this Period 50.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Phyllis Dickerson	Transaction ID: SB21B-1887 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2219 Singleton Cove	Amount of Each Disbursement this Period 800.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

877.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Deesha A. Dyer	Transaction ID: SB21B-1888 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1603 C Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Deesha A. Dyer	Transaction ID: SB21B-1889 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1603 C Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Deesha A. Dyer	Transaction ID: SB21B-1890 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1603 C Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 568.00
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	638.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS <hr/> Mailing Address 432 10th Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1891 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 20.00
B.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS <hr/> Mailing Address 432 10th Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1892 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS <hr/> Mailing Address 432 10th Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1893 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 800.00

SUBTOTAL of Disbursements This Page (optional) ▶

870.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1894 Date of Disbursement 11 / 30 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 58.30
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1895 Date of Disbursement 11 / 30 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 23.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1896 Date of Disbursement 11 / 30 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 800.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

881.30

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ROGER FISK	Transaction ID: SB21B-1897 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1426 Florida Avenue, NW	Amount of Each Disbursement this Period 69.25
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROGER FISK	Transaction ID: SB21B-1898 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1426 Florida Avenue, NW	Amount of Each Disbursement this Period 497.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Megan Glenn	Transaction ID: SB21B-1899 Date of Disbursement 11 / 30 / 2010
	Mailing Address 823 Park Street	Amount of Each Disbursement this Period 32.01
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	598.26
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Megan Glenn	Transaction ID: SB21B-1900
	Mailing Address 823 Park Street	Date of Disbursement 11 / 30 / 2010
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Guthrie Graves-Fitzsimmons	Transaction ID: SB21B-1901
	Mailing Address 315 W. 14th Street	Date of Disbursement 11 / 30 / 2010
	City Houston State TX Zip Code 77008	Amount of Each Disbursement this Period 497.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-1902
	Mailing Address 69 Galen Street, #5	Date of Disbursement 11 / 30 / 2010
	City Watertown State MA Zip Code 02472	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1997.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) THOMAS GRIFFIN</p> <p>Mailing Address 56 Londonderry Road</p> <p>City Marblehead State MA Zip Code 01945</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1903</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) THOMAS GRIFFIN</p> <p>Mailing Address 56 Londonderry Road</p> <p>City Marblehead State MA Zip Code 01945</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1904</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Margo Hennigan</p> <p>Mailing Address 1727 Massachusetts Ave., NW #308</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1905</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.43"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="865.43"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Margo Hennigan</p> <p>Mailing Address 1727 Massachusetts Ave., NW #308</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1906</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="196.33"/></p>
<p>B. Full Name (Last, First, Middle Initial) JENNIFER HUGHES</p> <p>Mailing Address 1816 NEW HAMPSHIRE AVE., NW #509</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1907</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) JENNIFER HUGHES</p> <p>Mailing Address 1816 NEW HAMPSHIRE AVE., NW #509</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1908</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="261.33"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JENNIFER HUGHES</p> <p>Mailing Address 1816 NEW HAMPSHIRE AVE., NW #509</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1909</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Thomas Keady, Jr.</p> <p>Mailing Address 23 ANSONIA ROAD</p> <p>City WEST ROXBURY State MA Zip Code 02132</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1910</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) DURWIN LAIRY</p> <p>Mailing Address 1006 EAST 11TH STREET</p> <p>City NORTH LITTLE ROCK State AR Zip Code 72114</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1911</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brandon Lepow	Transaction ID: SB21B-1912 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2401 Calvert St., NW, Apt. 509	Amount of Each Disbursement this Period 28.16
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brandon Lepow	Transaction ID: SB21B-1913 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2401 Calvert St., NW, Apt. 509	Amount of Each Disbursement this Period 25.39
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brandon Lepow	Transaction ID: SB21B-1914 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2401 Calvert St., NW, Apt. 509	Amount of Each Disbursement this Period 80.46
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	134.01
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Katherine Lillie Mailing Address 1840 13th Street, NW City Washington State DC Zip Code 20009 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1915 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 78.59
B.	Full Name (Last, First, Middle Initial) Katherine Lillie Mailing Address 1840 13th Street, NW City Washington State DC Zip Code 20009 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1916 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 497.00
C.	Full Name (Last, First, Middle Initial) Anna Markowitz Mailing Address 320 Hicks Street, Apt 4 City Brooklyn State NY Zip Code 11201 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1917 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 97.01

SUBTOTAL of Disbursements This Page (optional) ▶

672.60

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Anna Markowitz	Transaction ID: SB21B-1918 Date of Disbursement 11 / 30 / 2010
	Mailing Address 320 Hicks Street, Apt 4	Amount of Each Disbursement this Period 500.00
	City Brooklyn State NY Zip Code 11201	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Minor	Transaction ID: SB21B-1919 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1323 28th Street, NW	Amount of Each Disbursement this Period 26.64
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Events-Site Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathryn Minor	Transaction ID: SB21B-1920 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1323 28th Street, NW	Amount of Each Disbursement this Period 28.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	554.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1921</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) RYAN J MONTOYA</p> <p>Mailing Address 20 Altadena Drive</p> <p>City Pueblo State CO Zip Code 81005</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1922</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 83.00</p>
<p>C. Full Name (Last, First, Middle Initial) RYAN J MONTOYA</p> <p>Mailing Address 20 Altadena Drive</p> <p>City Pueblo State CO Zip Code 81005</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1923</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1383.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PETER NEWELL	Transaction ID: SB21B-1924 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2401 Calvert Street, NW, Apt 924	Amount of Each Disbursement this Period 62.01
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETER NEWELL	Transaction ID: SB21B-1925 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2401 Calvert Street, NW, Apt 924	Amount of Each Disbursement this Period 336.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TYLER NORMAN	Transaction ID: SB21B-1926 Date of Disbursement 11 / 30 / 2010
	Mailing Address 128 W. 13th Street, #26	Amount of Each Disbursement this Period 193.66
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	591.67
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TYLER NORMAN <hr/> Mailing Address 128 W. 13th Street, #26 <hr/> City New York State NY Zip Code 10011 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1927 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 800.00
B.	Full Name (Last, First, Middle Initial) MARY OFFERMAN <hr/> Mailing Address 200 10TH STREET, SE <hr/> City WASHINGTON State DC Zip Code 20003-2117 <hr/> Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1928 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) MARY OFFERMAN <hr/> Mailing Address 200 10TH STREET, SE <hr/> City WASHINGTON State DC Zip Code 20003-2117 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1929 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 800.00

SUBTOTAL of Disbursements This Page (optional) ▶	1650.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Joseph Paulsen</p> <p>Mailing Address 1600-B Beekman Place, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1930</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 336.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I Street, SE, #713</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Events-Site Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1931</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 129.66</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I Street, SE, #713</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1932</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1065.66

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Stacy Porto</p> <p>Mailing Address 916 T Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1933</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 51.00</p>
<p>B. Full Name (Last, First, Middle Initial) Stacy Porto</p> <p>Mailing Address 916 T Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1934</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cole Randle</p> <p>Mailing Address 8200 Wisconsin Ave., #1417</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1935</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 90.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

841.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Cole Randle</p> <p>Mailing Address 8200 Wisconsin Ave., #1417</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1936</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B. Full Name (Last, First, Middle Initial) Amy Elisabeth Reiter</p> <p>Mailing Address 1411 Massachusetts Ave., SE, #5</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1937</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 78.01</p>
<p>C. Full Name (Last, First, Middle Initial) Amy Elisabeth Reiter</p> <p>Mailing Address 1411 Massachusetts Ave., SE, #5</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1938</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1378.01

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1939 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 48.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1940 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1941 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	873.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1942 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1943 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 35.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Train Travel	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1944 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	760.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-1945 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 194.00
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-1946 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 700.00
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Taline Sanassarian	Transaction ID: SB21B-1947 Date of Disbursement 11 / 30 / 2010
	Mailing Address 4849 Connecticut Ave., NW Apt 412	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1594.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin Mailing Address 64 Sullivan Street, #3 City Charlestown State MA Zip Code 02129 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1948 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 19.00
B.	Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin Mailing Address 64 Sullivan Street, #3 City Charlestown State MA Zip Code 02129 Purpose of Disbursement Airline Baggage Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1949 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin Mailing Address 64 Sullivan Street, #3 City Charlestown State MA Zip Code 02129 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1950 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 600.00

SUBTOTAL of Disbursements This Page (optional)	669.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Wayne Skinner	Transaction ID: SB21B-1951 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1608 13th Street, NW	Amount of Each Disbursement this Period 151.18
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wayne Skinner	Transaction ID: SB21B-1952 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1608 13th Street, NW	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anthony C. Smith	Transaction ID: SB21B-1953 Date of Disbursement 11 / 30 / 2010
	Mailing Address 6 Forest Avenue	Amount of Each Disbursement this Period 244.74
	City Salem State MA Zip Code 01970	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1095.92
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Anthony C. Smith	Transaction ID: SB21B-1954 Date of Disbursement 11 / 30 / 2010
	Mailing Address 6 Forest Avenue	Amount of Each Disbursement this Period 800.00
	City Salem State MA Zip Code 01970	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JEFFREY TATE	Transaction ID: SB21B-1955 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1216 7th St., NW, Apt 101	Amount of Each Disbursement this Period 5.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JEFFREY TATE	Transaction ID: SB21B-1956 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1216 7th St., NW, Apt 101	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	855.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JEFFREY TATE</p> <p>Mailing Address 1216 7th St., NW, Apt 101</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1957</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jeff Tiller</p> <p>Mailing Address 1025 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1958</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 20.82</p>
<p>C. Full Name (Last, First, Middle Initial) Jeff Tiller</p> <p>Mailing Address 1025 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1959</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5.85</p>

SUBTOTAL of Disbursements This Page (optional) ▶

726.67

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jeff Tiller	Transaction ID: SB21B-1960 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1025 G Street, NE	Amount of Each Disbursement this Period 77.31
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BRADLEY BECNEL	Transaction ID: SB21B-2031 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1133 14th Street, NW, Unit 509	Amount of Each Disbursement this Period 340.80
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRADLEY BECNEL	Transaction ID: SB21B-2032 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1133 14th Street, NW, Unit 509	Amount of Each Disbursement this Period 497.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	915.11
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) BRADLEY BECNEL</p> <p>Mailing Address 1133 14th Street, NW, Unit 509</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2033</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 495.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) BRADLEY BECNEL</p> <p>Mailing Address 1133 14th Street, NW, Unit 509</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2034</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 134.68</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Kristina Broadie</p> <p>Mailing Address 10606 Pinedale Drive</p> <p>City Silver Spring State MD Zip Code 20901</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2035</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 37.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

666.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kristina Broadie	Transaction ID: SB21B-2036 Date of Disbursement 12 / 02 / 2010
	Mailing Address 10606 Pinedale Drive	Amount of Each Disbursement this Period 495.00
	City Silver Spring State MD Zip Code 20901	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-2037 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 81.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-2038 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1024.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MICHAEL BRUSH</p> <p>Mailing Address 1755 T Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2039</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 91.00</p>
<p>B. Full Name (Last, First, Middle Initial) MICHAEL BRUSH</p> <p>Mailing Address 1755 T Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2040</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 568.00</p>
<p>C. Full Name (Last, First, Middle Initial) Brandon Lepow</p> <p>Mailing Address 2401 Calvert St., NW, Apt. 509</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2041</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 41.26</p>

SUBTOTAL of Disbursements This Page (optional) ▶

700.26

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brandon Lepow	Transaction ID: SB21B-2042 Date of Disbursement
	Mailing Address 2401 Calvert St., NW, Apt. 509	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="497.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Joshua Lipsky	Transaction ID: SB21B-2043 Date of Disbursement
	Mailing Address 1638 19th Street, NW	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="495.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Joshua Lipsky	Transaction ID: SB21B-2044 Date of Disbursement
	Mailing Address 1638 19th Street, NW	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="13.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1005.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2045</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>B. Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2046</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 448.00</p>
<p>C. Full Name (Last, First, Middle Initial) Johanna Maska</p> <p>Mailing Address 1133 14th Street, NW, #410</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2047</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 13.87</p>

SUBTOTAL of Disbursements This Page (optional) ▶

486.87

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Johanna Maska</p> <p>Mailing Address 1133 14th Street, NW, #410</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2048</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="459.75"/></p>
<p>B. Full Name (Last, First, Middle Initial) Brian Quinn</p> <p>Mailing Address 2122 12th Place, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2049</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="74.84"/></p>
<p>C. Full Name (Last, First, Middle Initial) Brian Quinn</p> <p>Mailing Address 2122 12th Place, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2050</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="568.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brian Quinn</p> <p>Mailing Address 2122 12th Place, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2051</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 38.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brian Quinn</p> <p>Mailing Address 2122 12th Place, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2052</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 568.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Luke B. Rosa</p> <p>Mailing Address 55 U Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2053</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 25.50</p>

SUBTOTAL of Disbursements This Page (optional) ►

631.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Luke B. Rosa	Transaction ID: SB21B-2054 Date of Disbursement 12 / 02 / 2010
	Mailing Address 55 U Street, NW	Amount of Each Disbursement this Period 495.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stephanie TEMAAT	Transaction ID: SB21B-2055 Date of Disbursement 12 / 02 / 2010
	Mailing Address 400 Sophy Street	Amount of Each Disbursement this Period 495.00
	City Spearville State KS Zip Code 67876	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rachel Thomas	Transaction ID: SB21B-2056 Date of Disbursement 12 / 02 / 2010
	Mailing Address 303 South 40th Street	Amount of Each Disbursement this Period 495.00
	City Philadelphia State PA Zip Code 19104	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1485.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-2057 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="1469.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Samantha Tubman	Transaction ID: SB21B-2058 Date of Disbursement
	Mailing Address 1450 Church Street, Apt. 304	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="35.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Samantha Tubman	Transaction ID: SB21B-2059 Date of Disbursement
	Mailing Address 1450 Church Street, Apt. 304	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="396.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1900.10"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2060 Date of Disbursement 12 / 02 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 25.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2061 Date of Disbursement 12 / 02 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 495.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETER WEEKS	Transaction ID: SB21B-2062 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1755 Euclid Street, NW, Unit 1	Amount of Each Disbursement this Period 57.69
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	577.69
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) PETER WEEKS	Transaction ID: SB21B-2063 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1755 Euclid Street, NW, Unit 1	Amount of Each Disbursement this Period 497.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-2661 Date of Disbursement 12 / 07 / 2010
	Mailing Address P O BOX 1270	Amount of Each Disbursement this Period 495.00
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement Travel Agent fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-2662 Date of Disbursement 12 / 07 / 2010
	Mailing Address P O BOX 1270	Amount of Each Disbursement this Period 2844.81
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement Airfare	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3836.81
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Train Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2663</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="989.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2664</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24201.39"/></p>
<p>C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2665</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="90010.52"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="115200.91"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Scott Alston</p> <p>Mailing Address 409 W. Ellet Street</p> <p>City Philadelphia State PA Zip Code 19119</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2065</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="179.52"/></p>
<p>B. Full Name (Last, First, Middle Initial) Patrick Bauer</p> <p>Mailing Address 82 Sea Cliff Avenue</p> <p>City Sea Cliff State NY Zip Code 11579</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2066</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.04"/></p>
<p>C. Full Name (Last, First, Middle Initial) Patrick Bauer</p> <p>Mailing Address 82 Sea Cliff Avenue</p> <p>City Sea Cliff State NY Zip Code 11579</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2067</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="161.28"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="363.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Eric Blackwell	Transaction ID: SB21B-2068 Date of Disbursement 12 / 08 / 2010
	Mailing Address 209 Country Club Drive	Amount of Each Disbursement this Period 30.00
	City Bald Knob State AR Zip Code 72010	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eric Blackwell	Transaction ID: SB21B-2069 Date of Disbursement 12 / 08 / 2010
	Mailing Address 209 Country Club Drive	Amount of Each Disbursement this Period 600.00
	City Bald Knob State AR Zip Code 72010	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANDREW BLOCK	Transaction ID: SB21B-2070 Date of Disbursement 12 / 08 / 2010
	Mailing Address 142 East 79th Street, Apt L	Amount of Each Disbursement this Period 500.00
	City New York State NY Zip Code 10075	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1130.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2071 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 31.49
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2072 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2073 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	756.49
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2074 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2075 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2076 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	570.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MICHAEL CAREY</p> <p>Mailing Address 212 W. 16th Street, Apt 2R</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2077</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p>B. Full Name (Last, First, Middle Initial) James Carney</p> <p>Mailing Address 4828 W Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2078</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 80.94</p>
<p>C. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2079</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

699.94

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2080 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 132.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2081 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 12.51
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2082 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

592.51

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

A.	Full Name (Last, First, Middle Initial) Bryan DeAngelis	Transaction ID: SB21B-2083 Date of Disbursement
	Mailing Address 1418 Florida Ave., NW, Apt 1	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="10.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Bryan DeAngelis	Transaction ID: SB21B-2084 Date of Disbursement
	Mailing Address 1418 Florida Ave., NW, Apt 1	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-2085 Date of Disbursement
	Mailing Address 44 Hidden Valley Drive	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Newark State DE Zip Code 19711	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="67.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="477.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-2086 Date of Disbursement 12 / 08 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 700.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eugene Kang	Transaction ID: SB21B-2087 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1606 15th Street, NW, #3	Amount of Each Disbursement this Period 57.65
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2088 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 50.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	807.65
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jennifer Larus	Transaction ID: SB21B-2089 Date of Disbursement 12 / 08 / 2010
	Mailing Address 14684 Sailboat Circle	Amount of Each Disbursement this Period 192.57
	City Midlothian State VA Zip Code 23112	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jennifer Larus	Transaction ID: SB21B-2090 Date of Disbursement 12 / 08 / 2010
	Mailing Address 14684 Sailboat Circle	Amount of Each Disbursement this Period 700.00
	City Midlothian State VA Zip Code 23112	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nicole Lynch	Transaction ID: SB21B-2091 Date of Disbursement 12 / 08 / 2010
	Mailing Address 7 Avenue A, 2nd Floor	Amount of Each Disbursement this Period 87.42
	City New York State NY Zip Code 10009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	979.99
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nicole Lynch</p> <p>Mailing Address 7 Avenue A, 2nd Floor</p> <p>City New York State NY Zip Code 10009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2092</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="800.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Julianna Manzi</p> <p>Mailing Address 60 West 66th Street, Apt 17F</p> <p>City New York State NY Zip Code 10023</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2093</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="600.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2094</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="37.65"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1437.65"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2095</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 145.53</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2096</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 77.12</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2097</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 22.50</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

245.15

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Matthew McGrath <hr/> Mailing Address 1860 North Scott Street, Apt 240 <hr/> City Arlington State VA Zip Code 22209 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2098 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 271.58
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Matthew McGrath <hr/> Mailing Address 1860 North Scott Street, Apt 240 <hr/> City Arlington State VA Zip Code 22209 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2099 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 34.64
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Matthew McGrath <hr/> Mailing Address 1860 North Scott Street, Apt 240 <hr/> City Arlington State VA Zip Code 22209 <hr/> Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2100 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 30.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	336.22
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2101</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="201.30"/></p>
<p>B. Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2102</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.50"/></p>
<p>C. Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2103</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="916.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) ANDREA MOKROS <hr/> Mailing Address 2922 ALDRICH AVENUE S, #515 <hr/> City MINNEAPOLIS State MN Zip Code 55408 Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2104 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 59.01
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ANDREA MOKROS <hr/> Mailing Address 2922 ALDRICH AVENUE S, #515 <hr/> City MINNEAPOLIS State MN Zip Code 55408 Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2105 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 16.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ANDREA MOKROS <hr/> Mailing Address 2922 ALDRICH AVENUE S, #515 <hr/> City MINNEAPOLIS State MN Zip Code 55408 Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2106 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 161.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

236.29

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ANDREA MOKROS</p> <p>Mailing Address 2922 ALDRICH AVENUE S, #515</p> <p>City MINNEAPOLIS State MN Zip Code 55408</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2107</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="153.47"/></p>
<p>B. Full Name (Last, First, Middle Initial) ANDREA MOKROS</p> <p>Mailing Address 2922 ALDRICH AVENUE S, #515</p> <p>City MINNEAPOLIS State MN Zip Code 55408</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2108</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Jaime Moore</p> <p>Mailing Address 1451 Walz Avenue</p> <p>City Glenwood Springs State CO Zip Code 81601</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2109</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-2110 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 500.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETER NEWELL	Transaction ID: SB21B-2111 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2401 Calvert Street, NW, Apt 924	Amount of Each Disbursement this Period 29.09
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETER NEWELL	Transaction ID: SB21B-2112 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2401 Calvert Street, NW, Apt 924	Amount of Each Disbursement this Period 325.90
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	854.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Michael O'Mary</p> <p>Mailing Address 65 W. 70th Street, Apt 2E</p> <p>City New York State NY Zip Code 10023</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2113</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p>B. Full Name (Last, First, Middle Initial) JENNIFER POLENZANI</p> <p>Mailing Address 7918 ELECTRA DRIVE</p> <p>City LOS ANGELES State CA Zip Code 90046</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2114</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 135.94</p>
<p>C. Full Name (Last, First, Middle Initial) JENNIFER POLENZANI</p> <p>Mailing Address 7918 ELECTRA DRIVE</p> <p>City LOS ANGELES State CA Zip Code 90046</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2115</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 8.99</p>

SUBTOTAL of Disbursements This Page (optional)	744.93
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JENNIFER POLENZANI</p> <p>Mailing Address 7918 ELECTRA DRIVE</p> <p>City LOS ANGELES State CA Zip Code 90046</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2116 Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 157.41</p>
<p>B. Full Name (Last, First, Middle Initial) Jamal Pope</p> <p>Mailing Address 652 F Street, NE, Apt 3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2117 Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 70.68</p>
<p>C. Full Name (Last, First, Middle Initial) Jamal Pope</p> <p>Mailing Address 652 F Street, NE, Apt 3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2118 Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

247.09

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jamal Pope</p> <p>Mailing Address 652 F Street, NE, Apt 3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2119</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 242.82</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Garth Spencer</p> <p>Mailing Address 1150 K Street, NW, #1007</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2120</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 201.30</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Garth Spencer</p> <p>Mailing Address 1150 K Street, NW, #1007</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2121</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 125.44</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

569.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Duncan Teater</p> <p>Mailing Address 1545 3rd Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2122</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 8.90</p>
<p>B. Full Name (Last, First, Middle Initial) Duncan Teater</p> <p>Mailing Address 1545 3rd Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2123</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 4.00</p>
<p>C. Full Name (Last, First, Middle Initial) Duncan Teater</p> <p>Mailing Address 1545 3rd Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2124</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 29.12</p>

SUBTOTAL of Disbursements This Page (optional) ▶

42.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lauren Thorbjornsen	Transaction ID: SB21B-2125 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2480 16th Street, NW, Apt 745	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Lauren Thorbjornsen	Transaction ID: SB21B-2126 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2480 16th Street, NW, Apt 745	Amount of Each Disbursement this Period 390.50
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Katherine Young	Transaction ID: SB21B-2127 Date of Disbursement 12 / 08 / 2010
	Mailing Address 506 M Street, NW, Apt B	Amount of Each Disbursement this Period 43.61
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

464.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kirk T. Hanlin</p> <p>Mailing Address 1276 N Wayne Street, #321</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2128 Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 212.16</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) John Toohey</p> <p>Mailing Address 15 Cranston Street, Apt C</p> <p>City Boston State MA Zip Code 02130</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2129 Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 123.42</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) ALEX BAKER</p> <p>Mailing Address 1474 Columbia Rd., NW, Apt 311</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2130 Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

1035.58

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John Click	Transaction ID: SB21B-2131 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1915 17th Street, NW	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2132 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 49.01
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2133 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 40.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	789.01
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2134</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 336.00</p>
<p>B. Full Name (Last, First, Middle Initial) JAMES DENBO</p> <p>Mailing Address 6006 Overlea Road</p> <p>City Bethesda State MD Zip Code 20816</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2135</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>C. Full Name (Last, First, Middle Initial) Monique Dorsainvil</p> <p>Mailing Address 1204 Lamont Street, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2136</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1936.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Michael Epstein</p> <p>Mailing Address 134 Oxford Drive</p> <p>City Tenafly State NJ Zip Code 07670</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2137</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Amy Greene</p> <p>Mailing Address 1091 Clubhouse Drive</p> <p>City Lake Isabella State MI Zip Code 48893</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2138</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 70.68</p>
<p>C. Full Name (Last, First, Middle Initial) Amy Greene</p> <p>Mailing Address 1091 Clubhouse Drive</p> <p>City Lake Isabella State MI Zip Code 48893</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2139</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 12.65</p>

SUBTOTAL of Disbursements This Page (optional) ▶

883.33

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Amy Greene</p> <p>Mailing Address 1091 Clubhouse Drive</p> <p>City Lake Isabella State MI Zip Code 48893</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2140</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 199.65</p>
<p>B. Full Name (Last, First, Middle Initial) Monica Lee</p> <p>Mailing Address 8618 Modesto Court</p> <p>City Indianapolis State IN Zip Code 46278</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2141</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jesse Lewin</p> <p>Mailing Address 3100 N Street, NW, #3</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2142</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 132.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1131.65

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jesse Lewin</p> <p>Mailing Address 3100 N Street, NW, #3</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2143</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 448.00</p>
<p>B. Full Name (Last, First, Middle Initial) Nicole Lynch</p> <p>Mailing Address 7 Avenue A, 2nd Floor</p> <p>City New York State NY Zip Code 10009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2144</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>C. Full Name (Last, First, Middle Initial) Michael McSwain</p> <p>Mailing Address 1427 College Avenue</p> <p>City Shelby State NC Zip Code 28152</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2145</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1298.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Michael McSwain</p> <p>Mailing Address 1427 College Avenue</p> <p>City Shelby State NC Zip Code 28152</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2146</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2147</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 9.77</p>
<p>C. Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2148</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 52.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

861.77

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Minor	Transaction ID: SB21B-2149 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1323 28th Street, NW	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Julia Moseley	Transaction ID: SB21B-2150 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1245 13th Street, NW, #514	Amount of Each Disbursement this Period 183.53
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Julia Moseley	Transaction ID: SB21B-2151 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1245 13th Street, NW, #514	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1431.53
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kathleen Nowak</p> <p>Mailing Address 909 New Jersey Avenue, SE, #507</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2152</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kathleen Nowak</p> <p>Mailing Address 909 New Jersey Avenue, SE, #507</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2153</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>C. Full Name (Last, First, Middle Initial) Brendan Olsen</p> <p>Mailing Address 20 Baltic Avenue</p> <p>City North Easton State MA Zip Code 02356</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2154</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1520.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Emily Petty	Transaction ID: SB21B-2155 Date of Disbursement 12 / 09 / 2010
	Mailing Address 811 4th Street, NW, #601	Amount of Each Disbursement this Period 48.86
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Emily Petty	Transaction ID: SB21B-2156 Date of Disbursement 12 / 09 / 2010
	Mailing Address 811 4th Street, NW, #601	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MATHEWS PIERSON	Transaction ID: SB21B-2157 Date of Disbursement 12 / 09 / 2010
	Mailing Address 70 I Street, SE, #713	Amount of Each Disbursement this Period 42.77
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	539.63
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATHEWS PIERSON	Transaction ID: SB21B-2158 Date of Disbursement 12 / 09 / 2010
	Mailing Address 70 I Street, SE, #713	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Amy Elisabeth Reiter	Transaction ID: SB21B-2159 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1411 Massachusetts Ave., SE, #5	Amount of Each Disbursement this Period 30.60
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Amy Elisabeth Reiter	Transaction ID: SB21B-2160 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1411 Massachusetts Ave., SE, #5	Amount of Each Disbursement this Period 392.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1222.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2161 Date of Disbursement 12 / 09 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 102.38
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2162 Date of Disbursement 12 / 09 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIMOTHY SNEED	Transaction ID: SB21B-2163 Date of Disbursement 12 / 09 / 2010
	Mailing Address 101 S. WHITING STREET, #808	Amount of Each Disbursement this Period 102.23
	City ALEXANDRIA State VA Zip Code 22304	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	904.61
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) TIMOTHY SNEED</p> <p>Mailing Address 101 S. WHITING STREET, #808</p> <p>City ALEXANDRIA State VA Zip Code 22304</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2164 Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Avra Stackpole</p> <p>Mailing Address 7200 Nathaniel Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2165 Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>C. Full Name (Last, First, Middle Initial) Avra Stackpole</p> <p>Mailing Address 7200 Nathaniel Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2166 Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1625.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Maju Varghese</p> <p>Mailing Address 70-60 260th Street</p> <p>City State Zip Code Glen Oaks NY 11004</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2167 Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B. Full Name (Last, First, Middle Initial) David Wilcox</p> <p>Mailing Address 2062 Tecumseh Road</p> <p>City State Zip Code Manhattan KS 66502</p> <p>Purpose of Disbursement Events-Site Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2168 Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 31.05</p>
<p>C. Full Name (Last, First, Middle Initial) David Wilcox</p> <p>Mailing Address 2062 Tecumseh Road</p> <p>City State Zip Code Manhattan KS 66502</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2169 Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 67.09</p>

SUBTOTAL of Disbursements This Page (optional) ▶

798.14

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) David Wilcox	Transaction ID: SB21B-2170 Date of Disbursement 12 / 09 / 2010
	Mailing Address 2062 Tecumseh Road	Amount of Each Disbursement this Period 50.00
	City Manhattan State KS Zip Code 66502	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David Wilcox	Transaction ID: SB21B-2171 Date of Disbursement 12 / 09 / 2010
	Mailing Address 2062 Tecumseh Road	Amount of Each Disbursement this Period 800.00
	City Manhattan State KS Zip Code 66502	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANDREW BALLARD	Transaction ID: SB21B-2172 Date of Disbursement 12 / 13 / 2010
	Mailing Address 210 M Street, SW	Amount of Each Disbursement this Period 600.00
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) DESIREE BARNES</p> <p>Mailing Address 199 Lorifield Drive</p> <p>City Amherst State NY Zip Code 14226</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2173</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="700.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Stephen Barrows</p> <p>Mailing Address 909 at Capitol Yards 909 New Jersey Ave., SE, #1201</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2174</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="800.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Mary Baskerville</p> <p>Mailing Address 6656 Corner Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Events-Site Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2175</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="38.31"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mary Baskerville	Transaction ID: SB21B-2176 Date of Disbursement 12 / 13 / 2010
	Mailing Address 6656 Corner Lane	
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period 4.00
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mary Baskerville	Transaction ID: SB21B-2177 Date of Disbursement 12 / 13 / 2010
	Mailing Address 6656 Corner Lane	
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRADLEY BECNEL	Transaction ID: SB21B-2178 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1133 14th Street, NW, Unit 509	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 568.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1372.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nicole Black</p> <p>Mailing Address 6424 Fairbanks Street</p> <p>City New Carrollton State MD Zip Code 20784</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2179</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2180</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.48"/></p>
<p>C. Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2181</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2182</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Aimee Jasculca</p> <p>Mailing Address 808 Columbus Ave., Apt 22A</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2183</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Katherine Lillie</p> <p>Mailing Address 1840 13th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2184</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 568.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2068.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Joshua Lipsky	Transaction ID: SB21B-2185 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1638 19th Street, NW	Amount of Each Disbursement this Period 68.80
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Events-Site Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Lipsky	Transaction ID: SB21B-2186 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1638 19th Street, NW	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Airline Baggage Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joshua Lipsky	Transaction ID: SB21B-2187 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1638 19th Street, NW	Amount of Each Disbursement this Period 568.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	686.80
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Carly Montoya	Transaction ID: SB21B-2188 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1330 South Fair Street, Apt 302	Amount of Each Disbursement this Period 568.00
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-2189 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 800.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SARAH MOSS	Transaction ID: SB21B-2190 Date of Disbursement 12 / 13 / 2010
	Mailing Address 550 E. 12TH AVENUE #501	Amount of Each Disbursement this Period 67.39
	City Denver State CO Zip Code 80203	
	Purpose of Disbursement Events-Site Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1435.39
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SARAH MOSS	Transaction ID: SB21B-2191 Date of Disbursement
	Mailing Address 550 E. 12TH AVENUE #501	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Denver CO 80203	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="41.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SARAH MOSS	Transaction ID: SB21B-2192 Date of Disbursement
	Mailing Address 550 E. 12TH AVENUE #501	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Denver CO 80203	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="800.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MATHEWS PIERSON	Transaction ID: SB21B-2193 Date of Disbursement
	Mailing Address 70 I Street, SE, #713	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Washington DC 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="6.24"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="847.54"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I Street, SE, #713</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2194</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2195</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="74.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2196</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1574.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Natalie Reese	Transaction ID: SB21B-2197 Date of Disbursement
	Mailing Address 2800 Monticello Drive	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Bartlesville State OK Zip Code 74006	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="800.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Angela Tennison	Transaction ID: SB21B-2198 Date of Disbursement
	Mailing Address 1807 8th Street, NW, Apt 2	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Events-Site Supplies	<input type="text" value="26.84"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Angela Tennison	Transaction ID: SB21B-2199 Date of Disbursement
	Mailing Address 1807 8th Street, NW, Apt 2	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="18.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="844.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Angela Tennonison	Transaction ID: SB21B-2200 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1807 8th Street, NW, Apt 2	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Angela Tennonison	Transaction ID: SB21B-2201 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1807 8th Street, NW, Apt 2	Amount of Each Disbursement this Period 568.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2202 Date of Disbursement 12 / 13 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 700.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1318.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ALEX BAKER</p> <p>Mailing Address 1474 Columbia Rd., NW, Apt 311</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2203</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>B. Full Name (Last, First, Middle Initial) ALEX BAKER</p> <p>Mailing Address 1474 Columbia Rd., NW, Apt 311</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2204</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C. Full Name (Last, First, Middle Initial) Nicole Black</p> <p>Mailing Address 6424 Fairbanks Street</p> <p>City New Carrollton State MD Zip Code 20784</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2205</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 35.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

785.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nicole Black	Transaction ID: SB21B-2206 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6424 Fairbanks Street	Amount of Each Disbursement this Period 50.00
	City New Carrollton State MD Zip Code 20784	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nicole Black	Transaction ID: SB21B-2207 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6424 Fairbanks Street	Amount of Each Disbursement this Period 700.00
	City New Carrollton State MD Zip Code 20784	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2208 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 85.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	835.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2209</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Anna Brower</p> <p>Mailing Address 1255 Severn Court</p> <p>City Ann Arbor State MI Zip Code 48105</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2210</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Anna Brower</p> <p>Mailing Address 1255 Severn Court</p> <p>City Ann Arbor State MI Zip Code 48105</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2211</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="767.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Anna Brower</p> <p>Mailing Address 1255 Severn Court</p> <p>City Ann Arbor State MI Zip Code 48105</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2212</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B. Full Name (Last, First, Middle Initial) Matthew Cavanaugh</p> <p>Mailing Address 3417 N. Seeley Ave., Unit 1F</p> <p>City Chicago State IL Zip Code 60618</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2213</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 42.16</p>
<p>C. Full Name (Last, First, Middle Initial) Chynna Clayton</p> <p>Mailing Address 5041 Suitland Road</p> <p>City Suitland State MD Zip Code 20746</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2214</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 20.10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

762.26

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Chynna Clayton	Transaction ID: SB21B-2215 Date of Disbursement 12 / 14 / 2010
	Mailing Address 5041 Suitland Road	Amount of Each Disbursement this Period 50.00
	City Suitland State MD Zip Code 20746	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chynna Clayton	Transaction ID: SB21B-2216 Date of Disbursement 12 / 14 / 2010
	Mailing Address 5041 Suitland Road	Amount of Each Disbursement this Period 700.00
	City Suitland State MD Zip Code 20746	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2217 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 34.35
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	784.35
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2218</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="396.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) HANNAH EDWARDS</p> <p>Mailing Address 432 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2219</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) HANNAH EDWARDS</p> <p>Mailing Address 432 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Train Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2220</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="453.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-2221 Date of Disbursement
	Mailing Address 432 10th Street, NE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-2222 Date of Disbursement
	Mailing Address 134 Oxford Drive	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Tenafly State NJ Zip Code 07670	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="70.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-2223 Date of Disbursement
	Mailing Address 134 Oxford Drive	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Tenafly State NJ Zip Code 07670	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="700.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1270.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kathryn Hinterlong</p> <p>Mailing Address 10950 Potomac Drive</p> <p>City Huntley State IL Zip Code 60142</p> <p>Purpose of Disbursement Events-Site Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2224</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 32.89</p>
<p>B. Full Name (Last, First, Middle Initial) Kathryn Hinterlong</p> <p>Mailing Address 10950 Potomac Drive</p> <p>City Huntley State IL Zip Code 60142</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2225</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 44.81</p>
<p>C. Full Name (Last, First, Middle Initial) Kristen Jarvis</p> <p>Mailing Address 1100 6th Street, SW, Apt 315</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2226</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

277.70

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Aimee Jasculca</p> <p>Mailing Address 808 Columbus Ave., Apt 22A</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2227</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Kerstin Smith</p> <p>Mailing Address 105 Fountainview Lane, Unit 3B</p> <p>City Lombard State IL Zip Code 60148</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2228</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88.83"/></p>
<p>C. Full Name (Last, First, Middle Initial) Kerstin Smith</p> <p>Mailing Address 105 Fountainview Lane, Unit 3B</p> <p>City Lombard State IL Zip Code 60148</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2229</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="838.83"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kerstin Smith</p> <p>Mailing Address 105 Fountainview Lane, Unit 3B</p> <p>City Lombard State IL Zip Code 60148</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2230</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Brandon Lepow</p> <p>Mailing Address 2401 Calvert St., NW, Apt. 509</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2231</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.97"/></p>
<p>C. Full Name (Last, First, Middle Initial) Brandon Lepow</p> <p>Mailing Address 2401 Calvert St., NW, Apt. 509</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2232</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="330.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2233</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2234</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2235</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1400.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2236 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 72.42
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2237 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 600.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katherine Nowak	Transaction ID: SB21B-2238 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10918 Rim Road	Amount of Each Disbursement this Period 22.20
	City Escondido State CA Zip Code 92026	
	Purpose of Disbursement Events-Site Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	694.62
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Katherine Nowak	Transaction ID: SB21B-2239 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10918 Rim Road	Amount of Each Disbursement this Period 700.00
	City Escondido State CA Zip Code 92026	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brendan Olsen	Transaction ID: SB21B-2240 Date of Disbursement 12 / 14 / 2010
	Mailing Address 20 Baltic Avenue	Amount of Each Disbursement this Period 400.00
	City North Easton State MA Zip Code 02356	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael O'Mary	Transaction ID: SB21B-2241 Date of Disbursement 12 / 14 / 2010
	Mailing Address 65 W. 70th Street, Apt 2E	Amount of Each Disbursement this Period 600.00
	City New York State NY Zip Code 10023	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2242</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="74.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2243</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2244</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="156.88"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="830.88"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2245 Date of Disbursement
	Mailing Address 10401 Grosvenor Place, Apt 420	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City North Bethesda State MD Zip Code 20852	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="35.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2246 Date of Disbursement
	Mailing Address 10401 Grosvenor Place, Apt 420	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City North Bethesda State MD Zip Code 20852	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="28.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2247 Date of Disbursement
	Mailing Address 10401 Grosvenor Place, Apt 420	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City North Bethesda State MD Zip Code 20852	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="65.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="128.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2248 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 25.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2249 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 600.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2250 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 43.19
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Events-Site Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	668.19
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2251</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 253.68</p>
<p>B. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2252</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 396.00</p>
<p>C. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2253</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 70.00</p>

SUBTOTAL of Disbursements This Page (optional)	719.68
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2254</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 330.00</p>
<p>B. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2255</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 75.00</p>
<p>C. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2256</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 700.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1105.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2257 Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 6.80</p>
<p>B. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2258 Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>C. Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2259 Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

SUBTOTAL of Disbursements This Page (optional)	431.80
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2260 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 20.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2261 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 600.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paul Schnaitter	Transaction ID: SB21B-2262 Date of Disbursement 12 / 14 / 2010
	Mailing Address 7192 Parkland Street, #102	Amount of Each Disbursement this Period 700.00
	City Broomfield State CO Zip Code 80021	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1320.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Sher	Transaction ID: SB21B-2263 Date of Disbursement 12 / 14 / 2010
	Mailing Address 3303 Water Street, NW, #7B	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin	Transaction ID: SB21B-2264 Date of Disbursement 12 / 14 / 2010
	Mailing Address 64 Sullivan Street, #3	Amount of Each Disbursement this Period 50.00
	City Charlestown State MA Zip Code 02129	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin	Transaction ID: SB21B-2265 Date of Disbursement 12 / 14 / 2010
	Mailing Address 64 Sullivan Street, #3	Amount of Each Disbursement this Period 700.00
	City Charlestown State MA Zip Code 02129	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ali Sutton	Transaction ID: SB21B-2266 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1422 11th Street, NW, Apt 2	Amount of Each Disbursement this Period 125.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ali Sutton	Transaction ID: SB21B-2267 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1422 11th Street, NW, Apt 2	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2268 Date of Disbursement 12 / 14 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 40.12
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	865.12
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2269 Date of Disbursement 12 / 14 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 25.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2270 Date of Disbursement 12 / 14 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 700.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Wilcox	Transaction ID: SB21B-2271 Date of Disbursement 12 / 14 / 2010
	Mailing Address 2062 Tecumseh Road	Amount of Each Disbursement this Period 85.05
	City Manhattan State KS Zip Code 66502	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	810.05
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) David Wilcox</p> <p>Mailing Address 2062 Tecumseh Road</p> <p>City Manhattan State KS Zip Code 66502</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2272</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jessica Basset</p> <p>Mailing Address 406 Orwood Place</p> <p>City Syracuse State NY Zip Code 13208</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2273</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 86.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jessica Basset</p> <p>Mailing Address 406 Orwood Place</p> <p>City Syracuse State NY Zip Code 13208</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2274</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

836.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jessica Basset</p> <p>Mailing Address 406 Orwood Place</p> <p>City Syracuse State NY Zip Code 13208</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2275</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 900.00</p>
<p>B. Full Name (Last, First, Middle Initial) Brooke Joseph</p> <p>Mailing Address 1589 Brandywine Road</p> <p>City San Mateo State CA Zip Code 94402</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2276</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p>C. Full Name (Last, First, Middle Initial) LISA J KOHNKE</p> <p>Mailing Address 1210 Massachusetts Ave., NW Apt 1211</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2277</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 109.90</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1609.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LISA J KOHNKE	Transaction ID: SB21B-2278 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1210 Massachusetts Ave., NW Apt 1211	Amount of Each Disbursement this Period 87.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LISA J KOHNKE	Transaction ID: SB21B-2279 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1210 Massachusetts Ave., NW Apt 1211	Amount of Each Disbursement this Period 600.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2280 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 50.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	737.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2281
	Mailing Address 1006 EAST 11TH STREET	Date of Disbursement 12 / 15 / 2010
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Allison O'Brien	Transaction ID: SB21B-2282
	Mailing Address 3120 R Street, NW, Apt 107	Date of Disbursement 12 / 15 / 2010
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 16.04
	Purpose of Disbursement Events-Site Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Allison O'Brien	Transaction ID: SB21B-2283
	Mailing Address 3120 R Street, NW, Apt 107	Date of Disbursement 12 / 15 / 2010
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 142.93
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	958.97
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Allison O'Brien	Transaction ID: SB21B-2284 Date of Disbursement
	Mailing Address 3120 R Street, NW, Apt 107	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="52.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allison O'Brien	Transaction ID: SB21B-2285 Date of Disbursement
	Mailing Address 3120 R Street, NW, Apt 107	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="800.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-2286 Date of Disbursement
	Mailing Address 1045 W. County Line Road	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Bayside State WI Zip Code 53217	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="263.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1115.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-2287 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 600.00
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ethan Rosenzweig	Transaction ID: SB21B-2288 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1301 Clifton Road NE	Amount of Each Disbursement this Period 500.00
	City Atlanta State GA Zip Code 30322	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ethan Rosenzweig	Transaction ID: SB21B-2289 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1301 Clifton Road NE	Amount of Each Disbursement this Period 700.00
	City Atlanta State GA Zip Code 30322	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ethan Rosenzweig Mailing Address 1301 Clifton Road NE City Atlanta State GA Zip Code 30322 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2290 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 336.00
B.	Full Name (Last, First, Middle Initial) Ethan Rosenzweig Mailing Address 1301 Clifton Road NE City Atlanta State GA Zip Code 30322 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2291 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 330.00
C.	Full Name (Last, First, Middle Initial) Ethan Rosenzweig Mailing Address 1301 Clifton Road NE City Atlanta State GA Zip Code 30322 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2292 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 336.00

SUBTOTAL of Disbursements This Page (optional) ▶

1002.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PETER A SELFRIDGE	Transaction ID: SB21B-2293 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1414 Belmont St., NW, Apt 301	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETER A SELFRIDGE	Transaction ID: SB21B-2294 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1414 Belmont St., NW, Apt 301	Amount of Each Disbursement this Period 132.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Roy Sherman	Transaction ID: SB21B-2295 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1020 SE 5th Avenue	Amount of Each Disbursement this Period 44.48
	City Pompano Beach State FL Zip Code 33060	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	201.48
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Roy Sherman	Transaction ID: SB21B-2296 Date of Disbursement
	Mailing Address 1020 SE 5th Avenue	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Pompano Beach State FL Zip Code 33060	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="600.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Roy Sherman	Transaction ID: SB21B-2297 Date of Disbursement
	Mailing Address 1020 SE 5th Avenue	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Pompano Beach State FL Zip Code 33060	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="143.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Roy Sherman	Transaction ID: SB21B-2298 Date of Disbursement
	Mailing Address 1020 SE 5th Avenue	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Pompano Beach State FL Zip Code 33060	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="426.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1169.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LISA SOHN</p> <p>Mailing Address 3400 Sacramento Street, Apt 6</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2299</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2300</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="119.21"/></p>
<p>C. Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2301</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="719.21"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JEFFREY TATE	Transaction ID: SB21B-2302
	Mailing Address 1216 7th St., NW, Apt 101	Date of Disbursement 12 / 15 / 2010
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Candace Wint	Transaction ID: SB21B-2303
	Mailing Address 3808 Milan Drive, Apt B	Date of Disbursement 12 / 15 / 2010
	City Alexandria State VA Zip Code 22305	Amount of Each Disbursement this Period 55.77
	Purpose of Disbursement Events-Site Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Candace Wint	Transaction ID: SB21B-2304
	Mailing Address 3808 Milan Drive, Apt B	Date of Disbursement 12 / 15 / 2010
	City Alexandria State VA Zip Code 22305	Amount of Each Disbursement this Period 158.69
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	814.46
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Candace Wint	Transaction ID: SB21B-2305 Date of Disbursement 12 / 15 / 2010
	Mailing Address 3808 Milan Drive, Apt B	Amount of Each Disbursement this Period 2.00
	City Alexandria State VA Zip Code 22305	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Candace Wint	Transaction ID: SB21B-2306 Date of Disbursement 12 / 15 / 2010
	Mailing Address 3808 Milan Drive, Apt B	Amount of Each Disbursement this Period 800.00
	City Alexandria State VA Zip Code 22305	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-2646 Date of Disbursement 12 / 15 / 2010
	Mailing Address P O BOX 1270	Amount of Each Disbursement this Period 10254.91
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement Car Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11056.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Heather Bene</p> <p>Mailing Address 19420 SE 205h Street, Apt G65</p> <p>City Camas State WA Zip Code 98607</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2307</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 13.99</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Heather Bene</p> <p>Mailing Address 19420 SE 205h Street, Apt G65</p> <p>City Camas State WA Zip Code 98607</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2308</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Heather Bene</p> <p>Mailing Address 19420 SE 205h Street, Apt G65</p> <p>City Camas State WA Zip Code 98607</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2309</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

593.99

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Heather Bene	Transaction ID: SB21B-2310 Date of Disbursement 12 / 20 / 2010
	Mailing Address 19420 SE 205h Street, Apt G65	Amount of Each Disbursement this Period 400.00
	City Camas State WA Zip Code 98607	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-2311 Date of Disbursement 12 / 20 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 53.50
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-2312 Date of Disbursement 12 / 20 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	503.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-2313 Date of Disbursement 12 / 20 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JODI DENTON	Transaction ID: SB21B-2314 Date of Disbursement 12 / 20 / 2010
	Mailing Address 2928 Franklin Street	Amount of Each Disbursement this Period 129.76
	City Denver State CO Zip Code 80205	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JODI DENTON	Transaction ID: SB21B-2315 Date of Disbursement 12 / 20 / 2010
	Mailing Address 2928 Franklin Street	Amount of Each Disbursement this Period 46.00
	City Denver State CO Zip Code 80205	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	675.76
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JODI DENTON</p> <p>Mailing Address 2928 Franklin Street</p> <p>City Denver State CO Zip Code 80205</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2316</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B. Full Name (Last, First, Middle Initial) DAVID GREELISH</p> <p>Mailing Address 69 Galen Street, #5</p> <p>City Watertown State MA Zip Code 02472</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2317</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 55.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVID GREELISH</p> <p>Mailing Address 69 Galen Street, #5</p> <p>City Watertown State MA Zip Code 02472</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2318</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 426.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1181.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2319 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 50.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2320 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 330.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2321 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 50.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	430.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2322 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 25.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2323 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 357.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2324 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 50.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel Expense	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	432.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2325 Date of Disbursement
	Mailing Address 1006 EAST 11TH STREET	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2326 Date of Disbursement
	Mailing Address 1006 EAST 11TH STREET	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="396.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2327 Date of Disbursement
	Mailing Address 1006 EAST 11TH STREET	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="50.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="471.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2328
	Mailing Address 1006 EAST 11TH STREET	Date of Disbursement 12 / 20 / 2010
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2329
	Mailing Address 1006 EAST 11TH STREET	Date of Disbursement 12 / 20 / 2010
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nicole Lynch	Transaction ID: SB21B-2330
	Mailing Address 7 Avenue A, 2nd Floor	Date of Disbursement 12 / 20 / 2010
	City New York State NY Zip Code 10009	Amount of Each Disbursement this Period 24.00
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	649.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-2331 Date of Disbursement
	Mailing Address 8200 Wisconsin Ave., #1417	<input type="text" value="12"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="120.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-2332 Date of Disbursement
	Mailing Address 8200 Wisconsin Ave., #1417	<input type="text" value="12"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2333 Date of Disbursement
	Mailing Address 147 D Street, SE	<input type="text" value="12"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Events-Site Supplies	<input type="text" value="46.68"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="566.68"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2334 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 48.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2335 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2336 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 280.50
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

353.50

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2337 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 3.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2338 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 231.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-2339 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 335.21
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

569.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-2340 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 800.00
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER	Transaction ID: SB21B-2341 Date of Disbursement 12 / 20 / 2010
	Mailing Address 302 Kentucky Avenue SE	Amount of Each Disbursement this Period 10.90
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Events-Site Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER	Transaction ID: SB21B-2342 Date of Disbursement 12 / 20 / 2010
	Mailing Address 302 Kentucky Avenue SE	Amount of Each Disbursement this Period 41.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	851.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER	Transaction ID: SB21B-2343 Date of Disbursement
	Mailing Address 302 Kentucky Avenue SE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="600.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER	Transaction ID: SB21B-2344 Date of Disbursement
	Mailing Address 302 Kentucky Avenue SE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="34.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER	Transaction ID: SB21B-2345 Date of Disbursement
	Mailing Address 302 Kentucky Avenue SE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="600.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1234.85"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2346 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 24.50
B.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2347 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2348 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 36.00

SUBTOTAL of Disbursements This Page (optional) ▶

560.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 302 Kentucky Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2349 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 700.00
B.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 302 Kentucky Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2350 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 32.00
C.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 302 Kentucky Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2351 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 600.00

SUBTOTAL of Disbursements This Page (optional)	1332.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 302 Kentucky Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2352 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 21.00 Category/Type
B.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 302 Kentucky Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Airline Baggage Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2353 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 25.00 Category/Type
C.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 302 Kentucky Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Advance Team Stipend Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2354 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	546.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2355 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 101.63
B.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2356 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Advance Team Stipend Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2357 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 392.00

SUBTOTAL of Disbursements This Page (optional) ▶	543.63
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Edward Allen	Transaction ID: SB21B-2358
	Mailing Address 1636 N. Fairfax Avenue	Date of Disbursement 12 / 21 / 2010
	City Los Angeles State CA Zip Code 90046	Amount of Each Disbursement this Period 12.95
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Edward Allen	Transaction ID: SB21B-2359
	Mailing Address 1636 N. Fairfax Avenue	Date of Disbursement 12 / 21 / 2010
	City Los Angeles State CA Zip Code 90046	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-2360
	Mailing Address 432 10th Street, NE	Date of Disbursement 12 / 21 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 118.44
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	631.39
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Michael Epstein</p> <p>Mailing Address 134 Oxford Drive</p> <p>City Tenafly State NJ Zip Code 07670</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2361</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 202.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Michael Faulman</p> <p>Mailing Address 6145 Chamonix Court SE</p> <p>City Grand Rapids State MI Zip Code 49546</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2362</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 19.36</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Michael Faulman</p> <p>Mailing Address 6145 Chamonix Court SE</p> <p>City Grand Rapids State MI Zip Code 49546</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2363</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 22.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

243.36

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p>A. Full Name (Last, First, Middle Initial) Michael Faulman</p> <p>Mailing Address 6145 Chamonix Court SE</p> <p>City Grand Rapids State MI Zip Code 49546</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2364</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="265.54"/></p>
<p>B. Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ</p> <p>Mailing Address 407 EAST 12TH STREET #1RSW</p> <p>City NEW YORK State NY Zip Code 10009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2365</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="110.95"/></p>
<p>C. Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ</p> <p>Mailing Address 407 EAST 12TH STREET #1RSW</p> <p>City NEW YORK State NY Zip Code 10009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2366</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-2367 Date of Disbursement 12 / 21 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 336.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-2368 Date of Disbursement 12 / 21 / 2010
	Mailing Address 441 10th Street, NE	Amount of Each Disbursement this Period 47.76
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-2369 Date of Disbursement 12 / 21 / 2010
	Mailing Address 441 10th Street, NE	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

408.76

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-2370
	Mailing Address 441 10th Street, NE	Date of Disbursement 12 / 21 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 402.81
	Purpose of Disbursement Lodging & Catering	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-2371
	Mailing Address 441 10th Street, NE	Date of Disbursement 12 / 21 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Christina Iskandar	Transaction ID: SB21B-2372
	Mailing Address 924 Finnell Way	Date of Disbursement 12 / 21 / 2010
	City Placentia State CA Zip Code 92870	Amount of Each Disbursement this Period 84.31
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	887.12
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Christina Iskandar	Transaction ID: SB21B-2373 Date of Disbursement 12 / 21 / 2010
	Mailing Address 924 Finnell Way	Amount of Each Disbursement this Period 48.00
	City Placentia State CA Zip Code 92870	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christina Iskandar	Transaction ID: SB21B-2374 Date of Disbursement 12 / 21 / 2010
	Mailing Address 924 Finnell Way	Amount of Each Disbursement this Period 700.00
	City Placentia State CA Zip Code 92870	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nicole Lynch	Transaction ID: SB21B-2375 Date of Disbursement 12 / 21 / 2010
	Mailing Address 7 Avenue A, 2nd Floor	Amount of Each Disbursement this Period 19.75
	City New York State NY Zip Code 10009	
	Purpose of Disbursement Events-Site Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	767.75
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p>A. Full Name (Last, First, Middle Initial) Nicole Lynch</p> <p>Mailing Address 7 Avenue A, 2nd Floor</p> <p>City New York State NY Zip Code 10009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2376</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Katherine Lyons Hahn</p> <p>Mailing Address 2275 Broadway Street, Apt 208</p> <p>City San Francisco State CA Zip Code 94115</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2377</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="532.50"/></p>
<p>C. Full Name (Last, First, Middle Initial) GREG MAYS</p> <p>Mailing Address PO BOX 25153</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2378</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.20"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) GREG MAYS	Transaction ID: SB21B-2379
	Mailing Address PO BOX 25153	Date of Disbursement 12 / 21 / 2010
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 118.44
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL NEAVILLE	Transaction ID: SB21B-2380
	Mailing Address 4324 BRANDYWINE STREET, NW	Date of Disbursement 12 / 21 / 2010
	City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brendan Olsen	Transaction ID: SB21B-2381
	Mailing Address 20 Baltic Avenue	Date of Disbursement 12 / 21 / 2010
	City North Easton State MA Zip Code 02356	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1218.44
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Brendan Olsen	Transaction ID: SB21B-2382 Date of Disbursement 12 / 21 / 2010
	Mailing Address 20 Baltic Avenue	Amount of Each Disbursement this Period 500.00
	City North Easton State MA Zip Code 02356	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Oxtoby	Transaction ID: SB21B-2383 Date of Disbursement 12 / 21 / 2010
	Mailing Address 345 N. College Avenue	Amount of Each Disbursement this Period 603.50
	City Claremont State CA Zip Code 91711	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Scott Pollard	Transaction ID: SB21B-2384 Date of Disbursement 12 / 21 / 2010
	Mailing Address 2901 Barton Skyway, #1711	Amount of Each Disbursement this Period 461.50
	City Austin State TX Zip Code 78746	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1565.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-2385 Date of Disbursement 12 / 21 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 34.13
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Events-Site Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-2386 Date of Disbursement 12 / 21 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 23.28
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-2387 Date of Disbursement 12 / 21 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 300.00
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

357.41

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-2388 Date of Disbursement 12 / 21 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 40.00
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-2389 Date of Disbursement 12 / 21 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 500.00
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jane Campbell Spencer	Transaction ID: SB21B-2390 Date of Disbursement 12 / 21 / 2010
	Mailing Address 120 6TH STREET, SE	Amount of Each Disbursement this Period 96.08
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	636.08
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p>A. Full Name (Last, First, Middle Initial) Jane Campbell Spencer</p> <p>Mailing Address 120 6TH STREET, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2391</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="71.04"/></p>
<p>B. Full Name (Last, First, Middle Initial) Jane Campbell Spencer</p> <p>Mailing Address 120 6TH STREET, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2392</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="258.46"/></p>
<p>C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2647</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="105.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2648</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="731.10"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2649</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93682.15"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-2650</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1191.89"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-2393

Date of Disbursement

Mailing Address P.O. BOX 27800

/ /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-2394

Date of Disbursement

Mailing Address P.O. BOX 27800

/ /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Advance Team Stipend

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-2395

Date of Disbursement

Mailing Address P.O. BOX 27800

/ /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-2396

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

1688.87

SUBTOTAL of Disbursements This Page (optional)

1688.87

TOTAL This Period (last page this line number only)

484277.67