

**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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on [] [] [] in the State of []

(d) 30-Day **Post** -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on [] [] [] in the State of []

5. Covering Period 06 01 2011 through 06 30 2011

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 07 14 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
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1465912.63
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	1006829.37									
(c) Total Receipts (from Line 19)	216585.04	830468.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1223414.41	2296381.44								
7. Total Disbursements (from Line 31)	117793.65	1190760.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1105620.76	1105620.76								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	216585.04	830468.81
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))	216585.04	830468.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	216585.04	830468.81

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.....	117793.65	1190760.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	117793.65	1190760.68
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))..	117793.65	1190760.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117793.65	1190760.68

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)).....	117793.65	1190760.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	216585.04	830468.81
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-98791.39	360291.87

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

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

FOR LINE NUMBER: PAGE 6 / 41
(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)
Obama Victory Fund 2012
Mailing Address 430 S. Capitol Street, SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 451909.73
Date of Receipt 06 / 01 / 2011
Transaction ID: SA15-3247
Amount of Each Receipt this Period 7098.13

B. Full Name (Last, First, Middle Initial)
Obama Victory Fund 2012
Mailing Address 430 S. Capitol Street, SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 451909.73
Date of Receipt 06 / 01 / 2011
Transaction ID: SA15-3248
Amount of Each Receipt this Period 49622.32

C. Full Name (Last, First, Middle Initial)
Obama Victory Fund 2012
Mailing Address 430 S. Capitol Street, SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 451909.73
Date of Receipt 06 / 01 / 2011
Transaction ID: SA15-3249
Amount of Each Receipt this Period 24000.00

SUBTOTAL of Receipts This Page (optional) ► 80720.45
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 41

(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)
WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address 1600 Pennsylvania Avenue, NW
EEOB Room #25

City State Zip Code
Washington DC 20502

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA15-3250

Amount of Each Receipt this Period

1032.48

B.

Full Name (Last, First, Middle Initial)
WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address 1600 Pennsylvania Avenue, NW
EEOB Room #25

City State Zip Code
Washington DC 20502

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA15-3251

Amount of Each Receipt this Period

3.15

C.

Full Name (Last, First, Middle Initial)
OHIO DEMOCRATIC PARTY Federal Campaign

Mailing Address 340 EAST FULTON STREET

City State Zip Code
COLUMBUS OH 43215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23000.00

Date of Receipt

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

Transaction ID: SA15-3252

Amount of Each Receipt this Period

23000.00

SUBTOTAL of Receipts This Page (optional) ▶

24035.63

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 8 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cooper for Congress Committee

Mailing Address c/o Davidson, Golden & Lundy
PO Box 927

City State Zip Code
Brentwood TN 37024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10250.00

Date of Receipt

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

Transaction ID: SA15-3253

Amount of Each Receipt this Period
10250.00

B. Full Name (Last, First, Middle Initial)
Friends of Dick Durbin Cmte.

Mailing Address PO Box 1949

City State Zip Code
Springfield IL 62705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
728.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA15-3254

Amount of Each Receipt this Period
728.96

C. Full Name (Last, First, Middle Initial)
Obama for America

Mailing Address P.O. Box 8102

City State Zip Code
Chicago IL 60680

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1589.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA15-3255

Amount of Each Receipt this Period
850.00

SUBTOTAL of Receipts This Page (optional) ► **11828.96**

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 9 / 41	
	(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) Obama Victory Fund 2012		Date of Receipt	
	Mailing Address 430 S. Capitol Street, SE		M M / D D / Y Y Y Y 06 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA15-3256
	Washington	DC	20003	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		100000.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 451909.73		

SUBTOTAL of Receipts This Page (optional)	▶	100000.00
TOTAL This Period (last page this line number only)	▶	216585.04

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 41

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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-3083
	Mailing Address 550 E. 12TH AVENUE #501	Date of Disbursement 06 / 02 / 2011
	City Denver State CO Zip Code 80203	Amount of Each Disbursement this Period 40.06
	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:	

B.	Full Name (Last, First, Middle Initial) SARAH MOSS	Transaction ID: SB21B-3084
	Mailing Address 550 E. 12TH AVENUE #501	Date of Disbursement 06 / 02 / 2011
	City Denver State CO Zip Code 80203	Amount of Each Disbursement this Period 60.00
	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:	

C.	Full Name (Last, First, Middle Initial) SARAH MOSS	Transaction ID: SB21B-3085
	Mailing Address 550 E. 12TH AVENUE #501	Date of Disbursement 06 / 02 / 2011
	City Denver State CO Zip Code 80203	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:	

SUBTOTAL of Disbursements This Page (optional)	600.06
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT SCHMUCK	Transaction ID: SB21B-3088 Date of Disbursement 06 / 08 / 2011
	Mailing Address 909 New Jersey Ave., SE, #907	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period -34.26
	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) ▼
		Voided Check

B.	Full Name (Last, First, Middle Initial) ROBERT SCHMUCK	Transaction ID: SB21B-3089 Date of Disbursement 06 / 08 / 2011
	Mailing Address 909 New Jersey Ave., SE, #907	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period -260.40
	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) ▼
		Voided Check

C.	Full Name (Last, First, Middle Initial) ROBERT SCHMUCK	Transaction ID: SB21B-3090 Date of Disbursement 06 / 08 / 2011
	Mailing Address 909 New Jersey Ave., SE, #907	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period -63.81
	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) ▼
		Voided Check

SUBTOTAL of Disbursements This Page (optional)	-358.47
TOTAL This Period (last page this line number only)	

**SCHEDULE 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) Daniel Griffin	Transaction ID: SB21B-3086 Date of Disbursement 06 / 08 / 2011
	Mailing Address 1400 Irving Street, NW, #212	Amount of Each Disbursement this Period -160.00
	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) ▼
		Voided Check

B.	Full Name (Last, First, Middle Initial) Daniel Griffin	Transaction ID: SB21B-3087 Date of Disbursement 06 / 08 / 2011
	Mailing Address 1400 Irving Street, NW, #212	Amount of Each Disbursement this Period -497.00
	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) ▼
		Voided Check

C.	Full Name (Last, First, Middle Initial) ROBERT SCHMUCK	Transaction ID: SB21B-3091 Date of Disbursement 06 / 08 / 2011
	Mailing Address 909 New Jersey Ave., SE, #907	Amount of Each Disbursement this Period 34.26
	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) ▶

-622.74

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT SCHMUCK	Transaction ID: SB21B-3092 Date of Disbursement
	Mailing Address 909 New Jersey Ave., SE, #907	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="260.40"/>
	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) ROBERT SCHMUCK	Transaction ID: SB21B-3093 Date of Disbursement
	Mailing Address 909 New Jersey Ave., SE, #907	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="63.81"/>
	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) Brendan Beattie	Transaction ID: SB21B-3094 Date of Disbursement
	Mailing Address 713 8th St	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Ames State IA Zip Code 50010	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1124.21"/>
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) Orrin Evans	Transaction ID: SB21B-3095 Date of Disbursement 06 / 09 / 2011
	Mailing Address 101 N. Gramercy Place	Amount of Each Disbursement this Period 48.00
	City Los Angeles State CA Zip Code 90004	
	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) Orrin Evans	Transaction ID: SB21B-3096 Date of Disbursement 06 / 09 / 2011
	Mailing Address 101 N. Gramercy Place	Amount of Each Disbursement this Period 50.00
	City Los Angeles State CA Zip Code 90004	
	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) Orrin Evans	Transaction ID: SB21B-3097 Date of Disbursement 06 / 09 / 2011
	Mailing Address 101 N. Gramercy Place	Amount of Each Disbursement this Period 800.00
	City Los Angeles State CA Zip Code 90004	
	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)	898.00
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) Thomas Keady, Jr.	Transaction ID: SB21B-3098 Date of Disbursement 06 / 09 / 2011
	Mailing Address 23 ANSONIA ROAD	Amount of Each Disbursement this Period 700.00
	City WEST ROXBURY State MA Zip Code 02132	
	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) ALI MERALI	Transaction ID: SB21B-3099 Date of Disbursement 06 / 09 / 2011
	Mailing Address 1039 Massachusetts Ave Apt. 501	Amount of Each Disbursement this Period 85.97
	City Cambridge State MA Zip Code 02138	
	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) ALI MERALI	Transaction ID: SB21B-3100 Date of Disbursement 06 / 09 / 2011
	Mailing Address 1039 Massachusetts Ave Apt. 501	Amount of Each Disbursement this Period 83.25
	City Cambridge State MA Zip Code 02138	
	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)	▶	869.22
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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 MERALI	Transaction ID: SB21B-3101 Date of Disbursement 06 / 09 / 2011
	Mailing Address 1039 Massachusetts Ave Apt. 501	Amount of Each Disbursement this Period 700.00
	City Cambridge State MA Zip Code 02138	
	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) Jove Oliver	Transaction ID: SB21B-3102 Date of Disbursement 06 / 09 / 2011
	Mailing Address 173 West 81st St Apt. 5W	Amount of Each Disbursement this Period 800.00
	City New York State NY Zip Code 10024	
	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) Kevin Opoku-Gyamfi	Transaction ID: SB21B-3103 Date of Disbursement 06 / 09 / 2011
	Mailing Address 27 Ludvigh Road	Amount of Each Disbursement this Period 700.00
	City Nanuet State NY Zip Code 10954	
	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)	2200.00
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) Scott Pollard</p> <p>Mailing Address 1504 Twilight Ridge</p> <p>City Austin State TX Zip Code 78746</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-3104</p> <p>Date of Disbursement 06 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>B. 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-3105</p> <p>Date of Disbursement 06 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 111.60</p>
<p>C. 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 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-3106</p> <p>Date of Disbursement 06 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 90.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1001.60

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

<p>A. 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 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-3107</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></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) Avra Stackpole</p> <p>Mailing Address 7200 Nathaniel Lane</p> <p>City McLean State VA Zip Code 22101</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-3108</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="77.78"/></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</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-3109</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></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="1677.78"/>
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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-3110 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="3300.42"/>
	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-3111 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	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="26.36"/>
	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-3112 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="188.10"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3514.88"/>
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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-3113 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	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="2.80"/>
	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-3114 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="189.23"/>
	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-3115 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="176.03"/>
	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="368.06"/>
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) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3243 Date of Disbursement: 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 930.00</p> <p>See Attached Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Travel Agency Service</p> <p>Mailing Address 3415 E Kiehl Ave</p> <p>City Little Rock State AR Zip Code 72205</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3243-10000 Date of Disbursement: 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 930.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3244 Date of Disbursement: 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 20317.70</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21247.70

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

A.	Full Name (Last, First, Middle Initial) AirTran Airways	Transaction ID: SB21B-3244-10000 Date of Disbursement																			
	Mailing Address 9955 AirTran Blvd.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
	City Orlando State FL Zip Code 32827	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airfare	<table border="1"><tr><td>649.40</td></tr></table>	649.40																		
649.40																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM] Memo Entry																			

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-3244-20000 Date of Disbursement																			
	Mailing Address 4333 Amon Carter Boulevard	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
	City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airfare	<table border="1"><tr><td>8754.20</td></tr></table>	8754.20																		
8754.20																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM] Memo Entry																			

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-3244-30000 Date of Disbursement																			
	Mailing Address 1600 Smith Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
	City Houston State TX Zip Code 77002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airfare	<table border="1"><tr><td>1791.80</td></tr></table>	1791.80																		
1791.80																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM] Memo Entry																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Delta Air Lines, Inc. Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30320 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-3244-40000 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 1116.30 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) JetBlue Airways Corporation Mailing Address 118-29 Queens Blvd City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-3244-60000 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 617.70 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address 2702 LOVE FIELD DR City DALLAS State TX Zip Code 75235 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-3244-70000 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 339.40 [MEMO ITEM] Memo Entry

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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)
United Airlines

Mailing Address 77 W. Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3244-80000
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

5287.70

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
US Airways Group Inc.

Mailing Address 111 W. Rio Salado Pkwy

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3244-100000
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1761.20

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3245
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

34293.81

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

34293.81

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

A.	Full Name (Last, First, Middle Initial) CAESARS HOTEL	Transaction ID: SB21B-3245-10000 Date of Disbursement 06 / 21 / 2011
	Mailing Address 3555 LAS VEGAS BLVD., S	Amount of Each Disbursement this Period 2500.00
	City LAS VEGAS State NV Zip Code 89109	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) HILTON HOTEL	Transaction ID: SB21B-3245-20000 Date of Disbursement 06 / 21 / 2011
	Mailing Address 5101 Blue Lagoon Drive	Amount of Each Disbursement this Period 2470.91
	City MIAMI State FL Zip Code 33126	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Homewood Suites by Hilton	Transaction ID: SB21B-3245-30000 Date of Disbursement 06 / 21 / 2011
	Mailing Address 100 Portsmouth Boulevard	Amount of Each Disbursement this Period 1064.76
	City Portsmouth State NH Zip Code 03801	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hyatt Regency Pittsburgh	Transaction ID: SB21B-3245-40000 Date of Disbursement 06 / 21 / 2011
	Mailing Address 1111 Airport Boulevard P.O. Box 12420	Amount of Each Disbursement this Period 5858.72
	City Pittsburgh State PA Zip Code 15231	
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Holiday Inn Eastgate-Cincinnati	Transaction ID: SB21B-3245-50000 Date of Disbursement 06 / 21 / 2011
	Mailing Address 4501 Eastgate Blvd	Amount of Each Disbursement this Period 1841.24
	City Cincinnati State OH Zip Code 45245	
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Radisson Nashua Hotel	Transaction ID: SB21B-3245-60000 Date of Disbursement 06 / 21 / 2011
	Mailing Address 11 Tara Boulevard	Amount of Each Disbursement this Period 10117.02
	City Nashua State NH Zip Code 03062	
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sheraton Philadelphia City Ctr	Transaction ID: SB21B-3245-70000
	Mailing Address 17th & Race Street	Date of Disbursement MM / DD / YYYY 06 / 21 / 2011
	City Philadelphia State PA Zip Code 19103	Amount of Each Disbursement this Period 1730.40
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	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) Sheraton-Clayton Plaza	Transaction ID: SB21B-3245-80000
	Mailing Address 7730 Bonhomme Avenue	Date of Disbursement MM / DD / YYYY 06 / 21 / 2011
	City St. Louis State MO Zip Code 63105	Amount of Each Disbursement this Period 3422.13
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	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) WALDORF ASTORIA HOTEL	Transaction ID: SB21B-3245-90000
	Mailing Address 301 Park Avenue	Date of Disbursement MM / DD / YYYY 06 / 21 / 2011
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period 5049.50
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	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)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
The Westin San Francisco

Mailing Address 1 Old Bayshore Hwy

City Millbrae State CA Zip Code 94030

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3245-100000
Date of Disbursement

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

Amount of Each Disbursement this Period

239.13

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3246
Date of Disbursement

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

Amount of Each Disbursement this Period

11658.18

See Attached Memo Entry

C.

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

Mailing Address 202 Porter Street

City East Boston State MA Zip Code 02128

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3246-10000
Date of Disbursement

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

Amount of Each Disbursement this Period

3021.42

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

11658.18

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 41

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

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

A.

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

Mailing Address 1 Bennett St

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3246-20000
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

531.29

[MEMO ITEM]
Memo Entry

B.

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

Mailing Address P.O. Box 222209

City State Zip Code
Great Neck NY 11022

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3246-30000
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

36.00

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
BUDGET-RENT-A-CAR

Mailing Address 24050 EAST 78TH AVE

City State Zip Code
DENVER CO 80249

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-3246-40000
Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1462.61

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address Logan Intl Airport 20 Tomahawk Drive City East Boston State MA Zip Code 02128 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-3246-50000 Date of Disbursement 06 / 21 / 2011
	Amount of Each Disbursement this Period 942.48 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR Mailing Address MANCHESTER AIRPORT City MANCHESTER State NH Zip Code 03101 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-3246-60000 Date of Disbursement 06 / 21 / 2011
	Amount of Each Disbursement this Period 335.09 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address 3901 Northwest 28th Street City Miami State FL Zip Code 33142 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-3246-70000 Date of Disbursement 06 / 21 / 2011
	Amount of Each Disbursement this Period 163.93 [MEMO ITEM] Memo Entry

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

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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) Budget Rent-A-Car Mailing Address 30th St Train Station & Market City Philadelphia State PA Zip Code 19103 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3246-80000 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 361.53 [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR Mailing Address 1823 JEFFERSON PLACE NW City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3246-90000 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 210.72 [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR Mailing Address 140 COURTLAND STREET City ATLANTA State GA Zip Code 30303 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3246-100000 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 402.45 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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) Budget Rent-A-Car Tolls Mailing Address 11 Grace Avenue, Suite 108 City State Zip Code Great Neck NY 11021 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3246-110000 Date of Disbursement 06 / 21 / 2011 Amount of Each Disbursement this Period 63.00 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Enterprise Rent A Car Mailing Address PO Box 795153 City State Zip Code St. Louis MO 63179 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3246-120000 Date of Disbursement 06 / 21 / 2011 Amount of Each Disbursement this Period 553.85 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 1545 Brittain Road City State Zip Code Akron OH 44310 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3246-130000 Date of Disbursement 06 / 21 / 2011 Amount of Each Disbursement this Period 247.31 [MEMO ITEM] Memo Entry

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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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)
HERTZ CAR RENTAL

Mailing Address 3286 Loomis Road

City CINCINNATI State OH Zip Code 45226

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-3246-140000
Date of Disbursement
06 / 21 / 2011

Amount of Each Disbursement this Period
1046.48

[MEMO ITEM]
Memo Entry

B. Full Name (Last, First, Middle Initial)
Hertz Car Rental

Mailing Address Marine Air Terminal Building 22

City Flushing State NY Zip Code 11371

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-3246-150000
Date of Disbursement
06 / 21 / 2011

Amount of Each Disbursement this Period
148.31

[MEMO ITEM]
Memo Entry

C. Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address Pittsburgh Intl Airport 8 Rental Car Access Road

City Pittsburgh State PA Zip Code 15231

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-3246-160000
Date of Disbursement
06 / 21 / 2011

Amount of Each Disbursement this Period
374.15

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address St Louis Lambert Intl Airport 10278 Natural Bridge Road</p> <p>City St. Louis State MO Zip Code 63074</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3246-170000 Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 442.48</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) L&R Rentals, Budget Rent A Car</p> <p>Mailing Address 94 E Hollis St</p> <p>City Nashua State NH Zip Code 03060</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3246-180000 Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1282.33</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Highway Toll Administration LL</p> <p>Mailing Address P.O. Box 222209</p> <p>City Great Neck State NY Zip Code 11022</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3246-190000 Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 14.75</p> <p>[MEMO ITEM] Memo Entry</p>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Plate Pass	Transaction ID: SB21B-3246-200000 Date of Disbursement
	Mailing Address 7681 East Gray Road	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City Scottsdale State AZ Zip Code 85260	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="18.00"/>
	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) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Arizona Democratic Party	Transaction ID: SB21B-3131 Date of Disbursement
	Mailing Address 2910 North Central Avenue	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85012	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="3563.39"/>
	Candidate Name Arizona Democratic Party	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) INDIANA DEMOCRATIC PARTY	Transaction ID: SB21B-3132 Date of Disbursement
	Mailing Address 115 W Washington St., Suite 1165	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="1650.00"/>
	Candidate Name INDIANA DEMOCRATIC PARTY	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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="5213.39"/>
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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) MICHIGAN DEMOCRATIC PARTY</p> <p>Mailing Address 606 TOWNSEND STREET</p> <p>City LANSING State MI Zip Code 48933</p> <p>Purpose of Disbursement Refund of Offset</p> <p>Candidate Name MICHIGAN DEMOCRATIC PARTY</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3133</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 390.44</p>
<p>B. Full Name (Last, First, Middle Initial) MICHIGAN DEMOCRATIC PARTY</p> <p>Mailing Address 606 TOWNSEND STREET</p> <p>City LANSING State MI Zip Code 48933</p> <p>Purpose of Disbursement Refund of Offset</p> <p>Candidate Name MICHIGAN DEMOCRATIC PARTY</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-3134</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2586.74</p>
<p>C. Full Name (Last, First, Middle Initial) Abigail Ronner</p> <p>Mailing Address 178 North 10th St. Apt 3R</p> <p>City Brooklyn State NY Zip Code 11211</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-3135</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 25.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3002.18

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

**SCHEDULE 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) Abigail Ronner	Transaction ID: SB21B-3136 Date of Disbursement
	Mailing Address 178 North 10th St. Apt 3R	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Brooklyn State NY Zip Code 11211	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="48.00"/>
	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) Abigail Ronner	Transaction ID: SB21B-3137 Date of Disbursement
	Mailing Address 178 North 10th St. Apt 3R	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Brooklyn State NY Zip Code 11211	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 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-3138 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="425.35"/>
	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="973.35"/>
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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-3139 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1987.50"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-3140 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	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="38.59"/>
	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-3141 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="232.49"/>
	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="2258.58"/>
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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-3142 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="3431.92"/>
	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-3143 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	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="80.60"/>
	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-3144 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="470.53"/>
	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="3983.05"/>
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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-3145 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="10806.76"/>
	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-3146 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	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="74.18"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-3147 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="470.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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-3148

Date of Disbursement

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

Mailing Address 1600 Pennsylvania Avenue, NW
EEOB Room #25

Amount of Each Disbursement this Period

3999.08

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift 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)
Democratic Party of Wisconsin

Transaction ID: SB21B-3149

Date of Disbursement

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

Mailing Address 110 King Street, Suite 203

Amount of Each Disbursement this Period

8540.26

City Madison State WI Zip Code 53703

Purpose of Disbursement
Refund of Offset

Category/ Type

Candidate Name
Democratic Party of Wisconsin

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

12539.34

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

117793.65
