

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2010 through 07 31 2010

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

Signature of Treasurer Electronically Filed by ANDREW TOBIAS Date 08 19 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		346040.89
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	798357.65									
(c) Total Receipts (from Line 19)	199335.02	1245963.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	997692.67	1592004.85								
7. Total Disbursements (from Line 31)	72444.35	666756.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	925248.32	925248.32								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	199335.02	1245963.96
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))	199335.02	1245963.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	199335.02	1245963.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	72444.35	666756.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	72444.35	666756.53
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))..	72444.35	666756.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72444.35	666756.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	72444.35	666756.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	199335.02	1245963.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-126890.67	-579207.43

**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)

<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)

Hoosiers for Hill

Mailing Address P.O. Box 1071

City State Zip Code
Seymour IN 47274

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

18600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: SA15-1111

Amount of Each Receipt this Period

18600.00

B.

Full Name (Last, First, Middle Initial)

Ohio Senate 2010

Mailing Address 120 Maryland Avenue, NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: SA15-1112

Amount of Each Receipt this Period

25000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Barbara Boxer

Mailing Address 777 South Figueroa Street
Suite 4050

City State Zip Code
Los Angeles CA 90017

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

Name of Employer Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

38471.62

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2010

Transaction ID: SA15-1117

Amount of Each Receipt this Period

38200.00

SUBTOTAL of Receipts This Page (optional) ►

81800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 41
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Missouri Victory 2010		Date of Receipt
	Mailing Address P.O. Box 719		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jefferson City	MO	65102
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15-1114
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="18052.02"/>	<input type="text" value="18052.02"/>

B.	Full Name (Last, First, Middle Initial) Oregon Victory 2010		Date of Receipt
	Mailing Address 2236 SE 10th Avenue		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Portland	OR	97214
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15-1116
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="27500.00"/>	<input type="text" value="27500.00"/>

C.	Full Name (Last, First, Middle Initial) Reid Nevada Fund		Date of Receipt
	Mailing Address 607 14th St., NW, Suite 800		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15-1115
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="31983.00"/>	<input type="text" value="31983.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="77535.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 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)
John Spratt for Congress Cmte

Mailing Address P.O. Box 10986

City State Zip Code
Rock Hill SC 29731

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18000.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: SA15-1118

Amount of Each Receipt this Period
18000.00

B. Full Name (Last, First, Middle Initial)
Pennsylvania Victory Fund 2010

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: SA15-1119

Amount of Each Receipt this Period
12000.00

C. Full Name (Last, First, Middle Initial)
Friends of Martin O'Malley

Mailing Address 218 E. Lexington Street
Suite 602

City State Zip Code
Baltimore MD 21202

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: SA15-1120

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **40000.00**

TOTAL This Period (last page this line number only) ► **199335.02**

**SCHEDULE 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)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1053
Date of Disbursement

Mailing Address P.O. BOX 27800

/ /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1050
Date of Disbursement

Mailing Address P.O. BOX 27800

/ /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1052
Date of Disbursement

Mailing Address P.O. BOX 27800

/ /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-1051 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period -1223.42 Category/Type
B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-1054 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period -1071.09 Category/Type
C.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-1049 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period -187.35 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	-2481.86
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 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) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 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-1055 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period -313.60 Category/Type
B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-1056 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period -1498.38 Category/Type
C.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input 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-1057 Date of Disbursement 07 / 20 / 2010 Amount of Each Disbursement this Period 187.35 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

-1624.63

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

.....

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1058 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="531.37"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1059 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="696.16"/>
	Office Sought: <input type="checkbox"/> House <input 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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1060 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="1223.42"/>
	Office Sought: <input type="checkbox"/> House <input 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="2450.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1061 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="1071.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1062 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="313.60"/>
	Office Sought: <input type="checkbox"/> House <input 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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1063 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="1498.38"/>
	Office Sought: <input type="checkbox"/> House <input 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="2883.07"/>
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) ELI FLEET	Transaction ID: SB21B-1064 Date of Disbursement 07 / 21 / 2010
	Mailing Address 501 12TH STREET, NE, APT. 36	Amount of Each Disbursement this Period 82.67
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELI FLEET	Transaction ID: SB21B-1065 Date of Disbursement 07 / 21 / 2010
	Mailing Address 501 12TH STREET, NE, APT. 36	Amount of Each Disbursement this Period 27.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Train Travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELI FLEET	Transaction ID: SB21B-1066 Date of Disbursement 07 / 21 / 2010
	Mailing Address 501 12TH STREET, NE, APT. 36	Amount of Each Disbursement this Period 363.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	472.67
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-1067 Date of Disbursement 07 / 21 / 2010
	Mailing Address 441 10th Street, NE	Amount of Each Disbursement this Period 37.59
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Events-Misc. Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-1068 Date of Disbursement 07 / 21 / 2010
	Mailing Address 441 10th Street, NE	Amount of Each Disbursement this Period 164.12
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-1069 Date of Disbursement 07 / 21 / 2010
	Mailing Address 441 10th Street, NE	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	251.71
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-1070 Date of Disbursement 07 / 21 / 2010
	Mailing Address 441 10th Street, NE	Amount of Each Disbursement this Period 252.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nicole Lynch	Transaction ID: SB21B-1071 Date of Disbursement 07 / 21 / 2010
	Mailing Address 7830 Cedar Lane	Amount of Each Disbursement this Period 142.00
	City Elkins Park State PA Zip Code 19027	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1072 Date of Disbursement 07 / 21 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 335.50
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	729.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kristin Minelli	Transaction ID: SB21B-1073 Date of Disbursement 07 / 21 / 2010
	Mailing Address S72 W13838 Woods Road	Amount of Each Disbursement this Period 101.62
	City Muskego State WI Zip Code 53150	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kristin Minelli	Transaction ID: SB21B-1074 Date of Disbursement 07 / 21 / 2010
	Mailing Address S72 W13838 Woods Road	Amount of Each Disbursement this Period 335.50
	City Muskego State WI Zip Code 53150	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-1075 Date of Disbursement 07 / 21 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 14.37
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Events-Misc. 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)	451.49
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1076</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 93.00</p>
<p>B. Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement 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-1077</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>C. Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1078</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 335.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

478.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1079</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 154.34</p>
<p>B. Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1080</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 231.00</p>
<p>C. Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1081</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 12.35</p>

SUBTOTAL of Disbursements This Page (optional) ▶

397.69

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1082 Date of Disbursement 07 / 21 / 2010
	Mailing Address 147 D Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 21.56
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1083 Date of Disbursement 07 / 21 / 2010
	Mailing Address 147 D Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 54.61
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1084 Date of Disbursement 07 / 21 / 2010
	Mailing Address 147 D Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

91.17

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1085
	Mailing Address 147 D Street, SE	Date of Disbursement 07 / 21 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 184.80
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-1086
	Mailing Address 1045 W. County Line Road	Date of Disbursement 07 / 21 / 2010
	City Bayside State WI Zip Code 53217	Amount of Each Disbursement this Period 148.00
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-1087
	Mailing Address 1045 W. County Line Road	Date of Disbursement 07 / 21 / 2010
	City Bayside State WI Zip Code 53217	Amount of Each Disbursement this Period 335.50
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	668.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ALESCIA TEEL</p> <p>Mailing Address 63 CORYELL STREET, APT. D</p> <p>City LAMBERTVILLE State NJ Zip Code 08530</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1088</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 297.00</p>
<p>B. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift Helo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1089</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 815.64</p>
<p>C. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift 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-1090</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 12959.62</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>14072.26</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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) Colorado Victory 2010	Transaction ID: SB21B-1091 Date of Disbursement
	Mailing Address 120 Maryland Avenue, NE	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="14050.47"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) CLARE CONROY	Transaction ID: SB21B-1092 Date of Disbursement
	Mailing Address 10541 South Bell	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60643	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="111.33"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) CLARE CONROY	Transaction ID: SB21B-1093 Date of Disbursement
	Mailing Address 10541 South Bell	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60643	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="44.00"/>
	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="14205.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 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) CLARE CONROY	Transaction ID: SB21B-1094 Date of Disbursement 07 / 22 / 2010
	Mailing Address 10541 South Bell	Amount of Each Disbursement this Period 468.60
	City Chicago State IL Zip Code 60643	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Robert Gibbs	Transaction ID: SB21B-1095 Date of Disbursement 07 / 22 / 2010
	Mailing Address 3655 Trinity Drive	Amount of Each Disbursement this Period 5.76
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Daniel H. Lewkowicz	Transaction ID: SB21B-1096 Date of Disbursement 07 / 22 / 2010
	Mailing Address 601 West End Avenue, #11B	Amount of Each Disbursement this Period 9.77
	City New York State NY Zip Code 10024	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	484.13
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Daniel H. Lewkowicz</p> <p>Mailing Address 601 West End Avenue, #11B</p> <p>City New York State NY Zip Code 10024</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1097</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 343.64</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Daniel H. Lewkowicz</p> <p>Mailing Address 601 West End Avenue, #11B</p> <p>City New York State NY Zip Code 10024</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-1098</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 11.65</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MARK A. SMALL</p> <p>Mailing Address 7 Cushnoc Circle</p> <p>City Augusta State ME Zip Code 04330</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1099</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 406.12</p>

SUBTOTAL of Disbursements This Page (optional) ▶

761.41

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 2130 P Street, NW, #219 City Washington State DC Zip Code 20037 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1100 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 82.00
B.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER Mailing Address 2130 P Street, NW, #219 City Washington State DC Zip Code 20037 Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name Office Sought: <input type="checkbox"/> House <input 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-1101 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 308.00
C.	Full Name (Last, First, Middle Initial) Ethan Yake Mailing Address 1425 P Street, NW, #709 City Washington State DC Zip Code 20005 Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name Office Sought: <input type="checkbox"/> House <input 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-1102 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 28.80

SUBTOTAL of Disbursements This Page (optional) ▶

418.80

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)

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-1144 Date of Disbursement 07 / 28 / 2010
	Mailing Address P O BOX 1270	
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 996.00
	Purpose of Disbursement Travel Agent fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) Travel Agency Service	Transaction ID: SB21B-1144-10000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 3415 E Kiehl Ave	
	City Little Rock State AR Zip Code 72205	Amount of Each Disbursement this Period 980.00
	Purpose of Disbursement Travel Agent fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) EGENCIA TRAVEL, INC.	Transaction ID: SB21B-1144-20000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 3150 139th Ave SE	
	City BELLEVUE State WA Zip Code 98005	Amount of Each Disbursement this Period 16.00
	Purpose of Disbursement Travel Agent fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	996.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-1145 Date of Disbursement
	Mailing Address P O BOX 1270	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="12219.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-1145-10000 Date of Disbursement
	Mailing Address 4333 Amon Carter Boulevard	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="1713.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-1145-20000 Date of Disbursement
	Mailing Address 1600 Smith Street	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Houston State TX Zip Code 77002	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="1178.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12219.70"/>
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) Delta Air Lines, Inc.</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1145-30000</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 3247.90</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 W. Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1145-40000</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 3137.10</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) US Airways Group Inc.</p> <p>Mailing Address 111 W. Rio Salado Pkwy</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1145-50000</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2943.30</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) AMERICAN EXPRESS	Transaction ID: SB21B-1146 Date of Disbursement 07 / 28 / 2010
	Mailing Address P O BOX 1270	
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 312.00
	Purpose of Disbursement Train Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B-1146-10000 Date of Disbursement 07 / 28 / 2010
	Mailing Address Union Station 50 Massachusetts Ave., NE	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 312.00
	Purpose of Disbursement Train Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-1147 Date of Disbursement 07 / 28 / 2010
	Mailing Address P O BOX 1270	
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period 15998.24
	Purpose of Disbursement Lodging & Catering Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	▶	16310.24
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hilton Garden Inn Cleveland	Transaction ID: SB21B-1147-10000
	Mailing Address 4900 Emerald Court Southwest	Date of Disbursement 07 / 28 / 2010
	City Cleveland State OH Zip Code 44135	Amount of Each Disbursement this Period 500.00
	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) Hilton Milwaukee City Center	Transaction ID: SB21B-1147-20000
	Mailing Address 509 West Wisconsin Avenue	Date of Disbursement 07 / 28 / 2010
	City Milwaukee State WI Zip Code 53203	Amount of Each Disbursement this Period 4030.92
	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) Hilton Portland & Exec Tower	Transaction ID: SB21B-1147-30000
	Mailing Address 921 SW Sixth Avenue	Date of Disbursement 07 / 28 / 2010
	City Portland State OR Zip Code 97204	Amount of Each Disbursement this Period 2676.00
	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) Blackstone Renaissance Chicago	Transaction ID: SB21B-1147-70000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 636 South Michigan Avenue	Amount of Each Disbursement this Period 2191.42
	City Chicago State IL Zip Code 60605	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Sheraton Denver Hotel	Transaction ID: SB21B-1147-80000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 1550 Court Place	Amount of Each Disbursement this Period 4022.06
	City Denver State CO Zip Code 80202	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) The Pfister Milwaukee	Transaction ID: SB21B-1147-90000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 424 East Wisconsin Avenue	Amount of Each Disbursement this Period 257.85
	City Milwaukee State WI Zip Code 53202	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1148 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 8490.33 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address 10000 Bessie Coleman Drive City Chicago State IL Zip Code 60666 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-1148-10000 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 393.45 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address 19601 Maplewood Avenue City Cleveland State OH Zip Code 44135 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-1148-20000 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 772.74 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

8490.33

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address 5300 South Howell Avenue City Milwaukee State WI Zip Code 53207 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-1148-30000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 972.86 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) AVIS RENT-A-CAR Mailing Address 2000 Arch Street 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-1148-40000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 1161.86 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) AVIS RENT-A-CAR Mailing Address San Francisco Intl Airport 780 McDonnell Road City San Francisco State CA Zip Code 94128 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-1148-50000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 1094.20 [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	Transaction ID: SB21B-1148-60000
	Mailing Address 19601 Maplewood Avenue	Date of Disbursement 07 / 28 / 2010
	City Cleveland State OH Zip Code 44135	Amount of Each Disbursement this Period 392.76
	Purpose of Disbursement Car Rental	[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) Budget Rent-A-Car Tolls	Transaction ID: SB21B-1148-70000
	Mailing Address 11 Grace Avenue, Suite 108	Date of Disbursement 07 / 28 / 2010
	City Great Neck State NY Zip Code 11021	Amount of Each Disbursement this Period 11.25
	Purpose of Disbursement Car Rental	[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) Hertz Car Rental	Transaction ID: SB21B-1148-80000
	Mailing Address 10000 Bessie Coleman Drive	Date of Disbursement 07 / 28 / 2010
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period 610.12
	Purpose of Disbursement Car Rental	[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)

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

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

A.	Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 4000 International Lane City Madison State WI Zip Code 53704 Purpose of Disbursement Car Rental Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-1148-90000 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 366.94 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 5300 South Howell Avenue City Milwaukee State WI Zip Code 53207 Purpose of Disbursement Car Rental Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-1148-100000 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 117.32 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car Mailing Address 2951 Market Street City Philadelphia State PA Zip Code 19104 Purpose of Disbursement Car Rental Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-1148-110000 Date of Disbursement 07 / 28 / 2010 Amount of Each Disbursement this Period 331.14 [MEMO ITEM] Memo Entry

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1148-120000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 7000 Northeast Airport Way	Amount of Each Disbursement this Period 1200.17
	City Portland State OR Zip Code 97220	
	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) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1148-130000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 780 McDonnell Road	Amount of Each Disbursement this Period 690.35
	City San Francisco State CA Zip Code 94128	
	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) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1148-140000 Date of Disbursement 07 / 28 / 2010
	Mailing Address 100 Martin Luther King Blvd.	Amount of Each Disbursement this Period 282.32
	City Wilmington State DE Zip Code 19801	
	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) ▼
		[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) American Traffic Solutions Mailing Address 7681 E. Gray Road City Scottsdale State AZ Zip Code 85260 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-1148-150000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 92.85 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) Miriam S. Briskman Mailing Address 2250 Clarendon Blvd., Apt 107 City Arlington State VA Zip Code 22201 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-1103 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00

C. Full Name (Last, First, Middle Initial) Miriam S. Briskman Mailing Address 2250 Clarendon Blvd., Apt 107 City Arlington State VA Zip Code 22201 Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-1104 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 252.00

SUBTOTAL of Disbursements This Page (optional) ▶	302.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-1105 Date of Disbursement 07 / 29 / 2010
	Mailing Address 2250 Clarendon Blvd., Apt 107	Amount of Each Disbursement this Period 50.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-1106 Date of Disbursement 07 / 29 / 2010
	Mailing Address 2250 Clarendon Blvd., Apt 107	Amount of Each Disbursement this Period 231.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1107 Date of Disbursement 07 / 29 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 25.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	306.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1108
	Mailing Address 6 Dover Court	Date of Disbursement 07 / 29 / 2010
	City San Carlos State CA Zip Code 94070	Amount of Each Disbursement this Period 252.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1109
	Mailing Address 147 D Street, SE	Date of Disbursement 07 / 29 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1110
	Mailing Address 147 D Street, SE	Date of Disbursement 07 / 29 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 252.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	524.00
TOTAL This Period (last page this line number only)	72444.35