



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		1136689.10
(b) Cash on Hand at Beginning of Reporting Period.....	793895.33	
(c) Total Receipts (from Line 19) .....	40791.22	83475.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	834686.55	1220165.04
7. Total Disbursements (from Line 31).....	52966.93	438445.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	781719.62	781719.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 03 / 01 / 2015 To: 03 / 31 / 2015

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).....	40791.22	83475.94
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40791.22	83475.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40791.22	83475.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	52966.93	438445.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52966.93	438445.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52966.93	438445.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52966.93	438445.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	52966.93	438445.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	40791.22	83475.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	12175.71	354969.48

**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 6 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

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

Mailing Address 430 SOUTH CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
74106.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : SA15-9148**

Amount of Each Receipt this Period  
8165.70

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

Mailing Address 430 SOUTH CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
74106.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : SA15-9147**

Amount of Each Receipt this Period  
10375.00

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

Mailing Address 430 SOUTH CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
74106.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : SA15-9149**

Amount of Each Receipt this Period  
22250.52

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40791.22
<b>TOTAL</b> This Period (last page this line number only).....▶	40791.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Budget Rent-A-Car Systems, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2015

Mailing Address 14297 Collections Center Drive

**Transaction ID : SB21B-9039**

City Chicago State IL Zip Code 60693

Amount of Each Disbursement this Period

Purpose of Disbursement  
Car Rental

Category/  
Type

2750.18
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Budget Rent-A-Car Systems, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2015

Mailing Address 14297 Collections Center Drive

**Transaction ID : SB21B-9040**

City Chicago State IL Zip Code 60693

Amount of Each Disbursement this Period

Purpose of Disbursement  
Car Rental

Category/  
Type

1696.99
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Budget Rent-A-Car Systems, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2015

Mailing Address 14297 Collections Center Drive

**Transaction ID : SB21B-9041**

City Chicago State IL Zip Code 60693

Amount of Each Disbursement this Period

Purpose of Disbursement  
Car Rental

Category/  
Type

256.16
--------

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)..... ▶

4703.33
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Adam D. Chernicoff**

Mailing Address 2410 Toftree Drive

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9042**

Amount of Each Disbursement this Period

1125.00

Full Name (Last, First, Middle Initial)

**B. Adam D. Chernicoff**

Mailing Address 2410 Toftree Drive

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9043**

Amount of Each Disbursement this Period

111.29

Full Name (Last, First, Middle Initial)

**C. Adam D. Chernicoff**

Mailing Address 2410 Toftree Drive

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9044**

Amount of Each Disbursement this Period

18.10

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

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

1254.39



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Marc P. Hedrich**

Mailing Address 11520 Pino Ave NE

City Albuquerque State NM Zip Code 87122

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9045**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Marc P. Hedrich**

Mailing Address 11520 Pino Ave NE

City Albuquerque State NM Zip Code 87122

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9046**

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**C. Marc P. Hedrich**

Mailing Address 11520 Pino Ave NE

City Albuquerque State NM Zip Code 87122

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9047**

Amount of Each Disbursement this Period

11.40

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

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

911.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21B-9048

Amount of Each Disbursement this Period

3.33

Full Name (Last, First, Middle Initial)

**B. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21B-9049

Amount of Each Disbursement this Period

6.78

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21B-9050

Amount of Each Disbursement this Period

1506.90

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

1517.01

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9051**

Amount of Each Disbursement this Period

0.89

Full Name (Last, First, Middle Initial)

**B. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9052**

Amount of Each Disbursement this Period

11.80

Full Name (Last, First, Middle Initial)

**C. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9053**

Amount of Each Disbursement this Period

420.34

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

433.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9054**

Amount of Each Disbursement this Period

9.74

Full Name (Last, First, Middle Initial)

**B. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9055**

Amount of Each Disbursement this Period

442.93

Full Name (Last, First, Middle Initial)

**C. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9056**

Amount of Each Disbursement this Period

260.11

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

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

712.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21B-9057

Amount of Each Disbursement this Period

-519.02

Credit for Airfare

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21B-9058

Amount of Each Disbursement this Period

-32.34

Credit for Airfare

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : SB21B-9059

Amount of Each Disbursement this Period

-517.50

Credit for Travel Expenses

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

-1068.86

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9060**

Amount of Each Disbursement this Period

-34.50

Credit for Baggage Fees

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9061**

Amount of Each Disbursement this Period

-34.91

Credit for Local Travel

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B-9062**

Amount of Each Disbursement this Period

-2.30

Credit for Parking/Tolls

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

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

-71.71

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Emily Boyle**

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9066**

Amount of Each Disbursement this Period

189.21

**B. Emily Boyle**

Full Name (Last, First, Middle Initial)

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9067**

Amount of Each Disbursement this Period

433.82

**C. Emily Boyle**

Full Name (Last, First, Middle Initial)

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9068**

Amount of Each Disbursement this Period

90.53

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

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

713.56

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

**A. Julia Campbell**

Mailing Address 2045 W. Thomas Street

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9069

Amount of Each Disbursement this Period

433.82

Full Name (Last, First, Middle Initial)

**B. Julia Campbell**

Mailing Address 2045 W. Thomas Street

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9070

Amount of Each Disbursement this Period

52.23

Full Name (Last, First, Middle Initial)

**C. Julia Campbell**

Mailing Address 2045 W. Thomas Street

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9071

Amount of Each Disbursement this Period

65.95

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

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

552.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Adam D. Chernicoff**

Mailing Address 2410 Toftree Drive

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9072**

Amount of Each Disbursement this Period

312.40

Full Name (Last, First, Middle Initial)

**B. Adam D. Chernicoff**

Mailing Address 2410 Toftree Drive

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9073**

Amount of Each Disbursement this Period

101.66

Full Name (Last, First, Middle Initial)

**C. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9074**

Amount of Each Disbursement this Period

63.90

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

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

477.96

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Madeleine Gearan**

Mailing Address 690 South Main Street

City Geneva State NY Zip Code 14456

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9075**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Illy Jaffer**

Mailing Address 10201 Buffalo Speedway #3213

City Houston State TX Zip Code 77054

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9076**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Illy Jaffer**

Mailing Address 10201 Buffalo Speedway #3213

City Houston State TX Zip Code 77054

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9077**

Amount of Each Disbursement this Period

250.00

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

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

550.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Illy Jaffer**

Mailing Address 10201 Buffalo Speedway #3213

City Houston State TX Zip Code 77054

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9078**

Amount of Each Disbursement this Period

30.80

Full Name (Last, First, Middle Initial)

**B. Illy Jaffer**

Mailing Address 10201 Buffalo Speedway #3213

City Houston State TX Zip Code 77054

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9079**

Amount of Each Disbursement this Period

17.54

Full Name (Last, First, Middle Initial)

**C. Valerie Jarrett**

Mailing Address 725 17th Street, NW

City Washington State DC Zip Code 20503

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9080**

Amount of Each Disbursement this Period

50.06

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

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

98.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Valerie Jarrett**

Mailing Address 725 17th Street, NW

City Washington State DC Zip Code 20503

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9081**

Amount of Each Disbursement this Period

18.11
-------

Full Name (Last, First, Middle Initial)

**B. Daniel H. Johnson**

Mailing Address 180 N. LaSalle  
Suite 2750

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9082**

Amount of Each Disbursement this Period

189.21
--------

Full Name (Last, First, Middle Initial)

**C. Daniel H. Johnson**

Mailing Address 180 N. LaSalle  
Suite 2750

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9083**

Amount of Each Disbursement this Period

22.62
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

229.94
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Daniel H. Johnson**

Mailing Address 180 N. LaSalle  
Suite 2750

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9084**

Amount of Each Disbursement this Period

1.64

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Daniel H. Johnson**

Mailing Address 180 N. LaSalle  
Suite 2750

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9085**

Amount of Each Disbursement this Period

14.72

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Daniel H. Johnson**

Mailing Address 180 N. LaSalle  
Suite 2750

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9086**

Amount of Each Disbursement this Period

27.60

Category/  
Type

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

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

43.96

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Durwin Lairy**

Mailing Address 612 Rock Creek Church Road, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9087

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Peter J. Lockhart**

Mailing Address 78 India Street, Apt 2

City Brooklyn State NY Zip Code 11222

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9088

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Peter J. Lockhart**

Mailing Address 78 India Street, Apt 2

City Brooklyn State NY Zip Code 11222

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9089

Amount of Each Disbursement this Period

87.92

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

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

1212.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Peter J. Lockhart**

Mailing Address 78 India Street, Apt 2

City State Zip Code  
Brooklyn NY 11222

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9090**

Amount of Each Disbursement this Period

875.00
--------

Full Name (Last, First, Middle Initial)

**B. Peter J. Lockhart**

Mailing Address 78 India Street, Apt 2

City State Zip Code  
Brooklyn NY 11222

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9091**

Amount of Each Disbursement this Period

102.50
--------

Full Name (Last, First, Middle Initial)

**C. Peter J. Lockhart**

Mailing Address 78 India Street, Apt 2

City State Zip Code  
Brooklyn NY 11222

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9092**

Amount of Each Disbursement this Period

45.27
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1022.77
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Tucker A. Minor**

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9093**

Amount of Each Disbursement this Period

621.25

Full Name (Last, First, Middle Initial)

**B. Tucker A. Minor**

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9094**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Tucker A. Minor**

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9095**

Amount of Each Disbursement this Period

581.41

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

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

1227.66



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Tucker A. Minor**

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9096**

Amount of Each Disbursement this Period

218.32

Full Name (Last, First, Middle Initial)

**B. Sarah E. Moss**

Mailing Address 1175 Emerson Street, #212

City Denver State CO Zip Code 80218

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9097**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Sarah E. Moss**

Mailing Address 1175 Emerson Street, #212

City Denver State CO Zip Code 80218

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9098**

Amount of Each Disbursement this Period

225.68

POV Mileage

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

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

944.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Mary F. Offerman**

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9102**

Amount of Each Disbursement this Period

17.00

Full Name (Last, First, Middle Initial)

**B. Mary F. Offerman**

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9103**

Amount of Each Disbursement this Period

17.66

Full Name (Last, First, Middle Initial)

**C. William Scott Pollard**

Mailing Address 1504 Twilight Ridge

City Austin State TX Zip Code 78746

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9104**

Amount of Each Disbursement this Period

500.00

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

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

534.66

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Daniel Raskov**

Mailing Address 316 San Vicente Blvd.  
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9105**

Amount of Each Disbursement this Period

244.95
--------

Full Name (Last, First, Middle Initial)

**B. Daniel Raskov**

Mailing Address 316 San Vicente Blvd.  
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9106**

Amount of Each Disbursement this Period

351.45
--------

Full Name (Last, First, Middle Initial)

**C. Daniel Raskov**

Mailing Address 316 San Vicente Blvd.  
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9107**

Amount of Each Disbursement this Period

20.55
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

616.95
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Daniel Raskov**

Mailing Address 316 San Vicente Blvd.  
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9108**

Amount of Each Disbursement this Period

78.46

Full Name (Last, First, Middle Initial)

**B. Daniel Raskov**

Mailing Address 316 San Vicente Blvd.  
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9109**

Amount of Each Disbursement this Period

8.50

Full Name (Last, First, Middle Initial)

**C. Daniel Raskov**

Mailing Address 316 San Vicente Blvd.  
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9110**

Amount of Each Disbursement this Period

11.90

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

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

98.86

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Ethan Rosenzweig**

Mailing Address 1717 N. Decatur Road #311

City Atlanta State GA Zip Code 30307

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9111**

Amount of Each Disbursement this Period

343.52
--------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. JW Marriott Marquis Miami**

Mailing Address 255 Biscayne Blvd Way

City Miami State FL Zip Code 33131

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9111-5000**

Amount of Each Disbursement this Period

343.52
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Ethan Rosenzweig**

Mailing Address 1717 N. Decatur Road #311

City Atlanta State GA Zip Code 30307

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9112**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

843.52
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Ethan Rosenzweig**

Mailing Address 1717 N. Decatur Road #311

City Atlanta State GA Zip Code 30307

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9113**

Amount of Each Disbursement this Period

169.07

Full Name (Last, First, Middle Initial)

**B. Nancy O. Schoemann**

Mailing Address 2118 Grove Circle West #2

City Boulder State CO Zip Code 80302

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9114**

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Nancy O. Schoemann**

Mailing Address 2118 Grove Circle West #2

City Boulder State CO Zip Code 80302

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9115**

Amount of Each Disbursement this Period

39.20

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

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

583.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Rebekah Sergent**

Mailing Address 185 Montag Circle, #213

City Atlanta State GA Zip Code 30307

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9116**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. NeeCIA Shaw**

Mailing Address 450 Mass Ave., NW, Apt 618

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9117**

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Timothy W. Sneed**

Mailing Address 101 S. Whiting Street  
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9118**

Amount of Each Disbursement this Period

875.00

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

1750.00

**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**

Full Name (Last, First, Middle Initial)

**A. Timothy W. Sneed**

Mailing Address 101 S. Whiting Street  
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9119**

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**B. Timothy W. Sneed**

Mailing Address 101 S. Whiting Street  
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9120**

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**C. Timothy W. Sneed**

Mailing Address 101 S. Whiting Street  
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9121**

Amount of Each Disbursement this Period

417.12

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

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

2167.12

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Benjamin Solomon**

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9122**

Amount of Each Disbursement this Period

48.99

Full Name (Last, First, Middle Initial)

**B. Benjamin Solomon**

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9123**

Amount of Each Disbursement this Period

31.10

Full Name (Last, First, Middle Initial)

**C. Paul B. Stovall**

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

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B-9124**

Amount of Each Disbursement this Period

42.85

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

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

122.94

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Paul B. Stovall**

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

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SB21B-9125

Amount of Each Disbursement this Period

12.25
-------

Full Name (Last, First, Middle Initial)

**B. Paul B. Stovall**

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

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SB21B-9126

Amount of Each Disbursement this Period

27.85
-------

Full Name (Last, First, Middle Initial)

**C. Enjoli M. Timmons**

Mailing Address 2700 Wisconsin Avenue, NW  
Apt. 507

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SB21B-9127

Amount of Each Disbursement this Period

375.00
--------

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

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

415.10
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Abbey Watson**

Mailing Address 512B 6th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9128**

Amount of Each Disbursement this Period

625.00
--------

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9129**

Amount of Each Disbursement this Period

471.60
--------

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB21B-9130**

Amount of Each Disbursement this Period

7702.80
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8799.40
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9131

Amount of Each Disbursement this Period

3057.70

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9132

Amount of Each Disbursement this Period

4618.84

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B-9133

Amount of Each Disbursement this Period

1348.09

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

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

9024.63

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2015

Mailing Address Eisenhower Executive Office Bldg  
Room 25

**Transaction ID : SB21B-9134**

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

799.71
--------

Purpose of Disbursement  
White House Airlift Helo

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2015

Mailing Address P.O. BOX 27800

**Transaction ID : SB21B-9135**

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

2.94
------

Purpose of Disbursement  
Airfare

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2015

Mailing Address P.O. BOX 27800

**Transaction ID : SB21B-9136**

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

19.03
-------

Purpose of Disbursement  
Airfare

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

821.68
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB21B-9137**

Amount of Each Disbursement this Period

7.97

**B. DEPARTMENT OF TREASURY**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB21B-9138**

Amount of Each Disbursement this Period

279.91

**C. DEPARTMENT OF TREASURY**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB21B-9139**

Amount of Each Disbursement this Period

221.99

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

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

509.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB21B-9140**

Amount of Each Disbursement this Period

145.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB21B-9141**

Amount of Each Disbursement this Period

-20.06

Category/  
Type

Credit for Airfare

Full Name (Last, First, Middle Initial)

**C. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB21B-9142**

Amount of Each Disbursement this Period

66.08

Category/  
Type

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

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

191.02



**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**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Travel Agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9234**

Amount of Each Disbursement this Period

17.00

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Express Busin Travel**

Mailing Address 1901 N Moore St, 10th Floor

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Travel Agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9234-10000**

Amount of Each Disbursement this Period

17.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9235**

Amount of Each Disbursement this Period

395.00

See Attached Memo Entry

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

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

412.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : SB21B-9235-10000**

Amount of Each Disbursement this Period

395.00
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : SB21B-9236**

Amount of Each Disbursement this Period

1007.70
---------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : SB21B-9236-10000**

Amount of Each Disbursement this Period

1007.70
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**[MEMO ITEM]**  
Memo Entry

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

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

1007.70
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9237**

Amount of Each Disbursement this Period

699.23

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. The Beverly Wilshire Hotel**

Mailing Address 9500 Wilshire Boulevard

City Beverly Hills State CA Zip Code 90212

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9237-10000**

Amount of Each Disbursement this Period

417.22

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. InterContinental Chicago**

Mailing Address 505 North Michigan Ave

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9237-20000**

Amount of Each Disbursement this Period

282.01

**[MEMO ITEM]**  
Memo Entry

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

699.23

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9238**

Amount of Each Disbursement this Period

3966.09

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent A Car**

Mailing Address PO Box 795153

City St. Louis State MO Zip Code 63179-0795

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9238-10000**

Amount of Each Disbursement this Period

3658.20

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hertz Car Rental**

Mailing Address San Francisco Intl Airport  
780 N. McDonnell Road

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9238-20000**

Amount of Each Disbursement this Period

261.60

**[MEMO ITEM]**  
Memo Entry

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

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

3966.09

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Corporation**

Mailing Address 14501 Hertz Quail Springs

City Oklahoma City State OK Zip Code 73134

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : SB21B-9238-30000**

Amount of Each Disbursement this Period

46.29

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Anthony R. Bernal**

Mailing Address 1726 Swann Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9150**

Amount of Each Disbursement this Period

52.47

Full Name (Last, First, Middle Initial)

**C. Adam D. Chernicoff**

Mailing Address 2410 Toftree Drive

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9151**

Amount of Each Disbursement this Period

375.00

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

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

427.47

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Adam D. Chernicoff**

Mailing Address 2410 Tofree Drive

City Harrisburg State PA Zip Code 17112

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9152**

Amount of Each Disbursement this Period

49.47
-------

Full Name (Last, First, Middle Initial)

**B. Marguerite Clavel**

Mailing Address 511 Independence Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9153**

Amount of Each Disbursement this Period

8.40
------

Full Name (Last, First, Middle Initial)

**C. Blaire E. Edgerton**

Mailing Address 1230 13th Street, NW  
Apt 403

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9154**

Amount of Each Disbursement this Period

375.00
--------

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

432.87
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Blaire E. Edgerton**

Mailing Address 1230 13th Street, NW  
Apt 403

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9155**

Amount of Each Disbursement this Period

107.79
--------

Full Name (Last, First, Middle Initial)

**B. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9156**

Amount of Each Disbursement this Period

87.78
-------

Full Name (Last, First, Middle Initial)

**C. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9157**

Amount of Each Disbursement this Period

9.50
------

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

205.07
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9158**

Amount of Each Disbursement this Period

5.87

Full Name (Last, First, Middle Initial)

**B. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9159**

Amount of Each Disbursement this Period

9.88

Full Name (Last, First, Middle Initial)

**C. Alexander V. Frieden**

Mailing Address 1148 Abbey Place NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9160**

Amount of Each Disbursement this Period

375.00

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

390.75

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Alexander V. Frieden**

Mailing Address 1148 Abbey Place NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9161**

Amount of Each Disbursement this Period

13.99

Full Name (Last, First, Middle Initial)

**B. Donet D. Graves**

Mailing Address 6713 Tildenwood Lane

City North Bethesda State MD Zip Code 20852

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9162**

Amount of Each Disbursement this Period

22.90

Full Name (Last, First, Middle Initial)

**C. Donet D. Graves**

Mailing Address 6713 Tildenwood Lane

City North Bethesda State MD Zip Code 20852

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9163**

Amount of Each Disbursement this Period

14.38

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

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

51.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Donet D. Graves**

Mailing Address 6713 Tildenwood Lane

City North Bethesda State MD Zip Code 20852

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9164**

Amount of Each Disbursement this Period

29.82
-------

Full Name (Last, First, Middle Initial)

**B. Donet D. Graves**

Mailing Address 6713 Tildenwood Lane

City North Bethesda State MD Zip Code 20852

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9165**

Amount of Each Disbursement this Period

40.47
-------

Full Name (Last, First, Middle Initial)

**C. Michael Gwin**

Mailing Address 1102 Holbrook Terrace NE #2

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9166**

Amount of Each Disbursement this Period

375.00
--------

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

445.29
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Jeanne R. Long**

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9167**

Amount of Each Disbursement this Period

258.44

Full Name (Last, First, Middle Initial)

**B. Shailagh Murray**

Mailing Address 233 1/2 Ninth St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9168**

Amount of Each Disbursement this Period

29.82

Full Name (Last, First, Middle Initial)

**C. Shailagh Murray**

Mailing Address 233 1/2 Ninth St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9169**

Amount of Each Disbursement this Period

40.47

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

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

328.73

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Sheila M. Nix**

Mailing Address 1006 Forest Avenue

City State Zip Code  
Oak Park IL 60302

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9170**

Amount of Each Disbursement this Period

52.47
-------

Full Name (Last, First, Middle Initial)

**B. Sean O'Brien**

Mailing Address 311 11th Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9171**

Amount of Each Disbursement this Period

8.40
------

Full Name (Last, First, Middle Initial)

**C. E. Michael Schrum**

Mailing Address 433 15th Street, NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : SB21B-9172**

Amount of Each Disbursement this Period

29.82
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

90.69
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. E. Michael Schrum**

Mailing Address 433 15th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9173**

Amount of Each Disbursement this Period

22.90

Full Name (Last, First, Middle Initial)

**B. E. Michael Schrum**

Mailing Address 433 15th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9174**

Amount of Each Disbursement this Period

40.47

Full Name (Last, First, Middle Initial)

**C. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9175**

Amount of Each Disbursement this Period

8.40

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

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

71.77

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2015

**Transaction ID : SB21B-9176**

Amount of Each Disbursement this Period

22.90
-------

Full Name (Last, First, Middle Initial)

**B. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2015

**Transaction ID : SB21B-9177**

Amount of Each Disbursement this Period

14.38
-------

Full Name (Last, First, Middle Initial)

**C. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2015

**Transaction ID : SB21B-9178**

Amount of Each Disbursement this Period

29.82
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

67.10
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

## DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

**A. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21B-9179

Amount of Each Disbursement this Period

40.47

Full Name (Last, First, Middle Initial)

**B. Charles D. Segars**

Mailing Address 10334 Glenbarr Avenue

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21B-9180

Amount of Each Disbursement this Period

258.44

Full Name (Last, First, Middle Initial)

**C. Quinn Staudt**

Mailing Address 1008 West Armitage, Apt 3

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

Transaction ID : SB21B-9181

Amount of Each Disbursement this Period

750.00

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

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

1048.91

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Quinn Staudt**

Mailing Address 1008 West Armitage, Apt 3

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9182**

Amount of Each Disbursement this Period

74.27

Full Name (Last, First, Middle Initial)

**B. Quinn Staudt**

Mailing Address 1008 West Armitage, Apt 3

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9183**

Amount of Each Disbursement this Period

72.00

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B-9184**

Amount of Each Disbursement this Period

410.87

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

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

557.14



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. 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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

**Transaction ID : SB21B-9185**

Amount of Each Disbursement this Period

1	.	4	7
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Full Name (Last, First, Middle Initial)

**B. Carri B. Twigg**

Mailing Address 850 Quincy St, NW, Apt 502

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

**Transaction ID : SB21B-9186**

Amount of Each Disbursement this Period

2	9	.	8	2
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Full Name (Last, First, Middle Initial)

**C. Carri B. Twigg**

Mailing Address 850 Quincy St, NW, Apt 502

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

**Transaction ID : SB21B-9187**

Amount of Each Disbursement this Period

4	0	.	4	7
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	1	.	7	6
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5	2	9	6	6	.	9	3
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