

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2009 through 07 31 2009

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

Signature of Treasurer Electronically Filed by ANDREW TOBIAS Date 08 20 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	189163.16									
(c) Total Receipts (from Line 19)	63660.72	300916.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	252823.88	300916.12								
7. Total Disbursements (from Line 31)	53356.63	101448.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	199467.25	199467.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	63660.72	300916.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	63660.72	300916.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	63660.72	300916.12

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	53356.63	101448.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	53356.63	101448.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53356.63	101448.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53356.63	101448.87

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	53356.63	101448.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	63660.72	300916.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-10304.09	-199467.25

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

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

FOR LINE NUMBER: PAGE 6 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 DNC SERVICES CORP.
 Mailing Address 430 SOUTH CAPITOL ST SE
 City State Zip Code
 WASHINGTON DC 20003
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 01 / 2009
Transaction ID: SA15-142
 Amount of Each Receipt this Period
 16000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 162591.30

B. Full Name (Last, First, Middle Initial)
 Deeds for Virginia
 Mailing Address 2001 N. Beauregard St.
 Suite 420
 City State Zip Code
 Alexandria VA 22311
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2009
Transaction ID: SA15-135
 Amount of Each Receipt this Period
 14000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 14000.00

C. Full Name (Last, First, Middle Initial)
 Corzine 09 Inc
 Mailing Address 1 Gateway Center
 Suite 1102
 City State Zip Code
 Newark NJ 07102
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 17 / 2009
Transaction ID: SA15-136
 Amount of Each Receipt this Period
 15000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 30000.00

SUBTOTAL of Receipts This Page (optional) ► 45000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 162591.30
Date of Receipt 07 / 17 / 2009
Transaction ID: SA15-141
Amount of Each Receipt this Period 1058.40

B. Full Name (Last, First, Middle Initial)
CROWNE PLAZA
Mailing Address 1450 GLENARM PLACE
City DENVER State CO Zip Code 80202
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 185.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA15-143
Amount of Each Receipt this Period 185.00

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 162591.30
Date of Receipt 07 / 21 / 2009
Transaction ID: SA15-140
Amount of Each Receipt this Period 13371.19

SUBTOTAL of Receipts This Page (optional) ► 14614.59
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 8 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 162591.30
Date of Receipt 07 / 23 / 2009
Transaction ID: SA15-137
Amount of Each Receipt this Period 3497.22

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 162591.30
Date of Receipt 07 / 23 / 2009
Transaction ID: SA15-139
Amount of Each Receipt this Period 548.91

SUBTOTAL of Receipts This Page (optional) ► 4046.13
TOTAL This Period (last page this line number only) ► 63660.72

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELIZABETH ALEXANDER Mailing Address 1830 17TH ST NW APT. T-1 City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement Per Diem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-52 Date of Disbursement 07 / 01 / 2009	Amount of Each Disbursement this Period 40.50
B.	Full Name (Last, First, Middle Initial) SUZANNE DELEO Mailing Address 823 W. MARKHAM STREET APT. 202 City LITTLE ROCK State AR Zip Code 72201 Purpose of Disbursement Per Diem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-53 Date of Disbursement 07 / 01 / 2009	Amount of Each Disbursement this Period 189.00
C.	Full Name (Last, First, Middle Initial) SUDAFI HENRY Mailing Address 7809 COLE AVENUE City TAKOMA PARK State MD Zip Code 20912 Purpose of Disbursement Per Diem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-54 Date of Disbursement 07 / 01 / 2009	Amount of Each Disbursement this Period 40.50

SUBTOTAL of Disbursements This Page (optional) ▶

270.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LOEWS REGENCY HOTEL	Transaction ID: SB21B-55 Date of Disbursement 07 / 01 / 2009
	Mailing Address 540 PARK AVENUE	Amount of Each Disbursement this Period 10313.50
	City NEW YORK State NY Zip Code 10065	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KARINE JEAN-PIERRE	Transaction ID: SB21B-57 Date of Disbursement 07 / 06 / 2009
	Mailing Address 528 12TH STREET, NE	Amount of Each Disbursement this Period 122.75
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel Mileage	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CANDLEWOOD SUITES	Transaction ID: SB21B-58 Date of Disbursement 07 / 08 / 2009
	Mailing Address 3514 AMAZONAS DRIVE	Amount of Each Disbursement this Period 123.35
	City JEFFERSON CITY State MO Zip Code 65109	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10559.60

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CROWNE PLAZA</p> <p>Mailing Address 1450 GLENARM PLACE</p> <p>City DENVER State CO Zip Code 80202</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-59</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="185.02"/></p>
<p>B. Full Name (Last, First, Middle Initial) ENTERPRISE</p> <p>Mailing Address P.O. BOX 840181</p> <p>City KANSAS CITY State MO Zip Code 64184-0181</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-60</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1143.66"/></p>
<p>C. Full Name (Last, First, Middle Initial) HERTZ</p> <p>Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124</p> <p>City DALLAS State TX Zip Code 75312-1124</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-61</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="148.56"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1477.24"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BEN LENET	Transaction ID: SB21B-62 Date of Disbursement 07 / 08 / 2009
	Mailing Address 2606 N. RACINE AVENUE GARDEN UNIT	Amount of Each Disbursement this Period 418.00
	City CHICAGO State IL Zip Code 60614	
	Purpose of Disbursement Per Diem	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAIGE FITZGERALD	Transaction ID: SB21B-63 Date of Disbursement 07 / 09 / 2009
	Mailing Address 1928 17TH STREET, NW	Amount of Each Disbursement this Period 431.74
	City WASHINGTON State DC Zip Code 20009	
	Purpose of Disbursement Travel - Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELI FLEET	Transaction ID: SB21B-64 Date of Disbursement 07 / 09 / 2009
	Mailing Address 501 12TH STREET, NW APT. 36	Amount of Each Disbursement this Period 343.50
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Per Diem	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1193.24
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANDREW LEDBETTER	Transaction ID: SB21B-65
	Mailing Address 2673 NW 37TH DRIVE	Date of Disbursement MM / DD / YYYY 07 / 09 / 2009
	City FT. LAUDERDALE State FL Zip Code 33308	Amount of Each Disbursement this Period 299.50
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ALESCIA TEEL	Transaction ID: SB21B-66
	Mailing Address 63 CORYELL STREET, APT. D	Date of Disbursement MM / DD / YYYY 07 / 09 / 2009
	City LAMBERTVILLE State NJ Zip Code 08530	Amount of Each Disbursement this Period 308.34
	Purpose of Disbursement Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) CROWNE PLAZA	Transaction ID: SB21B-69
	Mailing Address 1450 GLENARM PLACE	Date of Disbursement MM / DD / YYYY 07 / 15 / 2009
	City DENVER State CO Zip Code 80202	Amount of Each Disbursement this Period 1492.20
	Purpose of Disbursement Lodging & Catering	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2100.04
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA,NA	Transaction ID: SB21B-96 Date of Disbursement
	Mailing Address REGIONAL CENTER, VA2-125-04-01 P.O. BOX 27025	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City RICHMOND State VA Zip Code 23261-7025	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="32.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BEVERLY HILTON	Transaction ID: SB21B-70 Date of Disbursement
	Mailing Address 9876 WILSHIRE BLVD.	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BEVERLY HILLS State CA Zip Code 90210	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="574.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOTEL DEL CORONADO	Transaction ID: SB21B-71 Date of Disbursement
	Mailing Address 1500 ORANGE AVENUE	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City CORONADO State CA Zip Code 92118	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="1039.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HOTEL DEL CORONADO Mailing Address 1500 ORANGE AVENUE City CORONADO State CA Zip Code 92118 Purpose of Disbursement Lodging & Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-72 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9	Amount of Each Disbursement this Period 2.74
B.	Full Name (Last, First, Middle Initial) KAREN C. BURCHARD Mailing Address 2200 N NOTTINGHAM STREET City ARLINGTON State VA Zip Code 22205 Purpose of Disbursement Travel Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-73 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 371.07
C.	Full Name (Last, First, Middle Initial) ALI MERALI Mailing Address 3418 NEWARK STREET, NW City WASHINGTON State DC Zip Code 20016 Purpose of Disbursement Travel Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-74 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 514.00

SUBTOTAL of Disbursements This Page (optional)	887.81
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-75 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 406.51</p>
<p>B. Full Name (Last, First, Middle Initial) HALEY SMITH</p> <p>Mailing Address 1725 NEW HAMPSHIRE AVENUE, NW #704</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-76 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 329.25</p>
<p>C. Full Name (Last, First, Middle Initial) CATHERINE WELKER</p> <p>Mailing Address 2130 P Street, NW #219</p> <p>City WASHINGTON State DC Zip Code 20037</p> <p>Purpose of Disbursement Travel Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-77 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 366.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1101.76

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-78 Date of Disbursement 07 / 28 / 2009
	Mailing Address 69 GALEN STREET #5	
	City WATERTOWN State MA Zip Code 02472	Amount of Each Disbursement this Period 893.70
	Purpose of Disbursement Travel Mileage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAN HOLT	Transaction ID: SB21B-79 Date of Disbursement 07 / 28 / 2009
	Mailing Address 1801 IRVING STREET, NW	
	City WASHINGTON State DC Zip Code 20010	Amount of Each Disbursement this Period 512.00
	Purpose of Disbursement Travel Mileage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DREW LEDBETTER	Transaction ID: SB21B-80 Date of Disbursement 07 / 28 / 2009
	Mailing Address 2673 NW 37TH DRIVE	
	City FORT LAUDERDALE State FL Zip Code 33308	Amount of Each Disbursement this Period 542.00
	Purpose of Disbursement Travel Mileage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1947.70
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KRISTINA MUELLER	Transaction ID: SB21B-81
	Mailing Address 1000 COTEY DRIVE	Date of Disbursement MM / DD / YYYY 07 / 28 / 2009
	City MERRILL State WI Zip Code 54452	Amount of Each Disbursement this Period 512.00
	Purpose of Disbursement Travel Mileage Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JENNIFER POLENZANI	Transaction ID: SB21B-82
	Mailing Address 7918 ELECTRA DRIVE	Date of Disbursement MM / DD / YYYY 07 / 28 / 2009
	City LOS ANGELES State CA Zip Code 90046	Amount of Each Disbursement this Period 771.00
	Purpose of Disbursement Travel Mileage Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARQUITA SANDERS	Transaction ID: SB21B-83
	Mailing Address 1220 EAST WEST HIGHWAY #103	Date of Disbursement MM / DD / YYYY 07 / 28 / 2009
	City SILVER SPRING State MD Zip Code 20910	Amount of Each Disbursement this Period 512.00
	Purpose of Disbursement Travel Mileage Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1795.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY SNEED	Transaction ID: SB21B-84 Date of Disbursement 07 / 28 / 2009
	Mailing Address 101 S. WHITING STREET, 3808	Amount of Each Disbursement this Period 646.00
	City ALEXANDRIA State VA Zip Code 22304	
	Purpose of Disbursement Travel Mileage	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HEATHER ULLSVIK	Transaction ID: SB21B-85 Date of Disbursement 07 / 28 / 2009
	Mailing Address 2513 NORTH STOWELL AVENUE #19	Amount of Each Disbursement this Period 531.85
	City MILWAUKEE State WI Zip Code 53211	
	Purpose of Disbursement Travel Mileage	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRIAN WILLIAMSON	Transaction ID: SB21B-86 Date of Disbursement 07 / 28 / 2009
	Mailing Address 4137 MANDAN CRESCENT	Amount of Each Disbursement this Period 512.00
	City MADISON State WI Zip Code 53711	
	Purpose of Disbursement Travel Mileage	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1689.85
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-87 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 27344.98</p> <p>See Attached Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hilton Hotels Beverly</p> <p>Mailing Address 9876 Wilshire Boulevard</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-87-10000 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 12018.87</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES</p> <p>Mailing Address Washington National Airport</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-87-20000 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 4592.40</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

27344.98

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AGENT FEE	Transaction ID: SB21B-87-30000 Date of Disbursement 07 / 28 / 2009
	Mailing Address 1100 17TH STREET NW SUITE 900	Amount of Each Disbursement this Period 455.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Travel - Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Memo Entry

B.	Full Name (Last, First, Middle Initial) Midwestern Airlines	Transaction ID: SB21B-87-40000 Date of Disbursement 07 / 28 / 2009
	Mailing Address Washington National Airport	Amount of Each Disbursement this Period 499.10
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Memo Entry

C.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-87-50000 Date of Disbursement 07 / 28 / 2009
	Mailing Address 1 BENNETT STREET	Amount of Each Disbursement this Period 363.58
	City BOSTON State MA Zip Code 02135	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Memo Entry

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-87-60000 Date of Disbursement 07 / 28 / 2009
	Mailing Address 3655 SW 22ND ST.	Amount of Each Disbursement this Period 75.85
	City MIAMI State FL Zip Code 33145	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-87-70000 Date of Disbursement 07 / 28 / 2009
	Mailing Address George Washington Memorial Pky	Amount of Each Disbursement this Period 811.87
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Avis-Rent-A-Car	Transaction ID: SB21B-87-80000 Date of Disbursement 07 / 28 / 2009
	Mailing Address 625 Stanwix St.	Amount of Each Disbursement this Period 1048.99
	City Pittsburgh State PA Zip Code 15222	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) HILTON HOTEL</p> <p>Mailing Address 600 COMMONWEALTH PL</p> <p>City PITTSBURG State PA Zip Code 15222</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-87-90000 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 3846.92</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Westin Hotels Copley</p> <p>Mailing Address 10 Huntington Avenue</p> <p>City Boston State MA Zip Code 02116</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-87-10000 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2979.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Hyatt Hotels</p> <p>Mailing Address 208 Barton Springs Road</p> <p>City Austin State TX Zip Code 78704</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-87-110000 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 642.00</p> <p>[MEMO ITEM] Memo Entry</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Plate Pass Mailing Address 7681 East Gray Road City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Travel - Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-87-120000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 11.40 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) JESSICA BLAKEMORE Mailing Address 2000 N STREET, NW APT. 701 City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement Per Diem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-88 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 10.92

C. Full Name (Last, First, Middle Initial) BUDGET RENT A CAR Mailing Address 14297 COLLECTIONS CENTER DRIVE City CHICAGO State IL Zip Code 60693 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-89 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 360.60

SUBTOTAL of Disbursements This Page (optional) ▶	371.52
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JAMES EBY</p> <p>Mailing Address 1755 T STREET, NW</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Per Diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-90</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.14"/></p>
<p>B. Full Name (Last, First, Middle Initial) ENTERPRISE</p> <p>Mailing Address P.O. BOX 840181</p> <p>City KANSAS CITY State MO Zip Code 64184-0181</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-91</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="469.32"/></p>
<p>C. Full Name (Last, First, Middle Initial) HERTZ</p> <p>Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124</p> <p>City DALLAS State TX Zip Code 75312-1124</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-92</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="358.75"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="844.21"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALI MERALI	Transaction ID: SB21B-93 Date of Disbursement 07 / 29 / 2009
	Mailing Address 3418 NEWARK STREET, NW	Amount of Each Disbursement this Period 8.12
	City WASHINGTON State DC Zip Code 20016	
	Purpose of Disbursement Per Diem	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TREASURER OF THE UNITED STATES ATTN: RESERVATION NUMBER ONE	Transaction ID: SB21B-94 Date of Disbursement 07 / 29 / 2009
	Mailing Address 7001 LAFAYETTE AVENUE	Amount of Each Disbursement this Period 106.36
	City RIVERDALE State MD Zip Code 20737	
	Purpose of Disbursement Travel - Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TREASURER OF THE UNITED STATES ATTN: RESERVATION NUMBER ONE	Transaction ID: SB21B-95 Date of Disbursement 07 / 29 / 2009
	Mailing Address 7001 LAFAYETTE AVENUE	Amount of Each Disbursement this Period 12.90
	City RIVERDALE State MD Zip Code 20737	
	Purpose of Disbursement Travel - Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	127.38
TOTAL This Period (last page this line number only)	53356.63