



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Association of State Democratic Chairs

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"/>		61991.72
(b) Cash on Hand at Beginning of Reporting Period.....	37969.97	
(c) Total Receipts (from Line 19) .....	625.00	107752.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38594.97	169744.55
7. Total Disbursements (from Line 31).....	12842.75	143992.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25752.22	25752.22
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Association of State Democratic Chairs**

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

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	1500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	1500.00
(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	1500.00
12. Transfers From Affiliated/Other Party Committees.....	625.00	106252.83
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).....	0.00	0.00
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))..... ▶	625.00	107752.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	625.00	107752.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	12842.75	143992.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12842.75	143992.33
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)) ..	12842.75	143992.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12842.75	143992.33

**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	1500.00
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	1500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	12842.75	143992.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	12842.75	143992.33



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement  
Bank Fee

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
10		28		2015

Transaction ID : VNH17A0DX98

Amount of Each Disbursement this Period

130.05
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 114

City Newark State NJ Zip Code 07101-0114

Purpose of Disbursement  
Credit Card Payment - See Memo Entries

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
10		15		2015

Transaction ID : VNH17A0DSV5

Amount of Each Disbursement this Period

3412.70
---------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 10 G St NE

City Washington State DC Zip Code 20002-4213

Purpose of Disbursement  
Transportation

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
10		15		2015

Transaction ID : VNH17A0DSY7

Amount of Each Disbursement this Period

434.00
--------

Category/  
Type

[MEMO ITEM]  
\*

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

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

3542.75
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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)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

**A. Bullfeathers**

Mailing Address 401 1st St SE

City Washington State DC Zip Code 20003-1827

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DTC7

Amount of Each Disbursement this Period

43.73

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent A Car**

Mailing Address 600 Corporate Park Dr

City Saint Louis State MO Zip Code 63105-4204

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DT78

Amount of Each Disbursement this Period

73.26

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Enterprise Rent A Car**

Mailing Address 600 Corporate Park Dr

City Saint Louis State MO Zip Code 63105-4204

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DTF1

Amount of Each Disbursement this Period

218.54

[MEMO ITEM]

\*

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

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

0.00

# 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)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

### A. Francis Marion Hotel

Mailing Address 387 King St

City Charleston State SC Zip Code 29403-6404

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DSZ5

Amount of Each Disbursement this Period

181.55

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Francis Marion Hotel

Mailing Address 387 King St

City Charleston State SC Zip Code 29403-6404

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DTD5

Amount of Each Disbursement this Period

282.75

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Francis Marion Hotel

Mailing Address 387 King St

City Charleston State SC Zip Code 29403-6404

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DTE3

Amount of Each Disbursement this Period

181.55

[MEMO ITEM]

\*

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

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

0.00

**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)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

**A. Intuit Order Channel**

Mailing Address 7535 Torrey Santa Fe Rd

City San Diego State CA Zip Code 92129-5704

Purpose of Disbursement  
Software Usage Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DSX9

Amount of Each Disbursement this Period

42.25

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Mail Chimp**

Mailing Address 512 Means St NW Ste 404

City Atlanta State GA Zip Code 30318-5788

Purpose of Disbursement  
Email Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DT10

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Manchester Airport**

Mailing Address 1 Airport Rd

City Manchester State NH Zip Code 03103-7450

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : VNH17A0DTG9

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

\*

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

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

0.00

# 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)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

### A. Manchester Airport

Mailing Address 1 Airport Rd

City Manchester State NH Zip Code 03103-7450

Purpose of Disbursement  
Transportation

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
10		15		2015

Transaction ID : VNH17A0DTH7

Amount of Each Disbursement this Period

34.00
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. National Democratic Club

Mailing Address 30 Ivy St SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement  
Meals

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
10		15		2015

Transaction ID : VNH17A0DTA2

Amount of Each Disbursement this Period

174.50
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Uber Technologies

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Transportation

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
10		15		2015

Transaction ID : VNH17A0DSW1

Amount of Each Disbursement this Period

57.13
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[MEMO ITEM]

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

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

0.00
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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)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNH17A0DT03

Amount of Each Disbursement this Period

3	9	.	2	8
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNH17A0DT28

Amount of Each Disbursement this Period

5	9	.	7	0
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[MEMO ITEM]

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Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VNH17A0DT60

Amount of Each Disbursement this Period

3	3	.	9	5
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[MEMO ITEM]

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

0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
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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)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Transportation

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
1	0		1	5		2	0	1	5

Transaction ID : VNH17A0DT86

Amount of Each Disbursement this Period

3	3	.	3	7
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[MEMO ITEM]

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Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 800 Market St

City San Francisco State CA Zip Code 94102-3033

Purpose of Disbursement  
Transportation

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
1	0		1	5		2	0	1	5

Transaction ID : VNH17A0DV55

Amount of Each Disbursement this Period

5	8	.	4
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. US Air**

Mailing Address 1001 G St NW

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement  
Transportation

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
1	0		1	5		2	0	1	5

Transaction ID : VNH17A0DT36

Amount of Each Disbursement this Period

5	3	2	.	4	0
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[MEMO ITEM]

\*

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

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

0	0	0
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0	0	0
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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)

**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

**A. US Air**

Mailing Address 1001 G St NW

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement  
Transportation

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
10		15		2015

**Transaction ID : VNH17A0DT94**

Amount of Each Disbursement this Period

521.20
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**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Ann Fishman**

Mailing Address 10212 Windsor View Dr

City Potomac State MD Zip Code 20854-4019

Purpose of Disbursement  
Administrative Consulting

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
10		01		2015

**Transaction ID : VNH17A0DSR1**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Ann Fishman**

Mailing Address 10212 Windsor View Dr

City Potomac State MD Zip Code 20854-4019

Purpose of Disbursement  
Administrative Consulting

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
10		30		2015

**Transaction ID : VNH17A0DX80**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00
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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)  
**Association of State Democratic Chairs**

Full Name (Last, First, Middle Initial)

**A. Jennie Blackton**

Mailing Address 2547 N Buena Vista St

City Burbank State CA Zip Code 91504-2619

Purpose of Disbursement  
Political Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : VNH17A0DSS9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Perkins Coie LLP**

Mailing Address 1201 3rd Ave  
FI 40

City Seattle State WA Zip Code 98101-3029

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : VNH17A0DST7**

Amount of Each Disbursement this Period

3300.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

4300.00

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

12842.75