

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Association of State Democratic Chairs

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 430 S. Capitol Street SE Washington DC 20003

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00259481

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 08 01 2009 through 08 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 Ann Fishman

Signature of Treasurer Electronically Filed by Ann Fishman Date 09 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.

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee has very limited administrative expenses because it contracts for services and does not maintain an office or staff. What administrative costs it does incur are primarily, if not exclusively, for travel and meeting expenses. These limited administrative costs are fully disclosed on its reports.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Association of State Democratic Chairs

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

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		46745.82
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	29824.56									
(c) Total Receipts (from Line 19)	25000.00	102774.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54824.56	149520.34								
7. Total Disbursements (from Line 31)	21996.13	116691.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32828.43	32828.43								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	0.00
(ii) Unitemized	0.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	600.00
(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	600.00
12. Transfers From Affiliated/Other Party Committees	25000.00	101986.18
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	188.34
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))	25000.00	102774.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25000.00	102774.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21996.13	116691.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21996.13	116691.91
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))..	21996.13	116691.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21996.13	116691.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	600.00
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	600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21996.13	116691.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	188.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21996.13	116503.57

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<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)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial)
Dollars for Democrats

Mailing Address 430 S Capital St., SE

City	State	Zip Code
Washington	DC	20003

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Transaction ID: 12-01-02189-04152

Amount of Each Receipt this Period
25000.00

Transfer of Dues Payment

SUBTOTAL of Receipts This Page (optional)	▶	25000.00
TOTAL This Period (last page this line number only)	▶	25000.00

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

A. Full Name (Last, First, Middle Initial) Sprint PCS Mailing Address PO Box 62071 City Baltimore State MD Zip Code 21264-2071 Purpose of Disbursement Telephone 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: 21b-01-02169-04060 Date of Disbursement MM / DD / YYYY 08 / 02 / 2009
	Amount of Each Disbursement this Period 115.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nexus Strategies, Inc Mailing Address 434 Fayetteville Street Suite 2020 City Raleigh State NC Zip Code 27601 Purpose of Disbursement Consulting Fees 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: 21b-01-02170-04061 Date of Disbursement MM / DD / YYYY 08 / 03 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Perkins Coie LLP Mailing Address 1201 Third Avenue, 40th Floor City Seattle State WA Zip Code 98101-3099 Purpose of Disbursement Legal Services 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: 21b-01-02171-04062 Date of Disbursement MM / DD / YYYY 08 / 03 / 2009
	Amount of Each Disbursement this Period 3300.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5415.00
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)
Association of State Democratic Chairs

<p>A. Full Name (Last, First, Middle Initial) Jennie Blackton</p> <p>Mailing Address 2547 North Buena Vista</p> <p>City Burbank State CA Zip Code 91504</p> <p>Purpose of Disbursement Political Consultant</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: 21b-01-02172-04063</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	3		2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Debra Kozikowski</p> <p>Mailing Address 34 White Street</p> <p>City Chicopee State MA Zip Code 01013</p> <p>Purpose of Disbursement Website Design</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: 21b-01-02173-04064</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	3		2	0	0	9													
5000.00																						
<p>C. Full Name (Last, First, Middle Initial) Factotum Productions</p> <p>Mailing Address 95 N Main Street</p> <p>City Westford State MA Zip Code 01886-4002</p> <p>Purpose of Disbursement Voter File Consultant</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: 21b-01-02175-04066</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">4278.20</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	9	4278.20
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	3		2	0	0	9													
4278.20																						

SUBTOTAL of Disbursements This Page (optional)	10278.20
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)
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) M&T Bank	Transaction ID: 21b-01-02190-04153
	Mailing Address 40 East Pratt Street	Date of Disbursement MM / DD / YYYY 08 / 10 / 2009
	City Baltimore State MD Zip Code 21202	Amount of Each Disbursement this Period 185.87
	Purpose of Disbursement Bank Fees	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) Grossman Marketing Group	Transaction ID: 21b-01-02177-04099
	Mailing Address 30 Cobble Hill Road	Date of Disbursement MM / DD / YYYY 08 / 17 / 2009
	City Somerville State MA Zip Code 02143	Amount of Each Disbursement this Period 280.40
	Purpose of Disbursement Office Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Gilbert & Wolfand P.C.	Transaction ID: 21b-01-02178-04100
	Mailing Address 2201 Wisconsin Ave., NW	Date of Disbursement MM / DD / YYYY 08 / 17 / 2009
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 210.00
	Purpose of Disbursement Accounting Services	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)	▶	676.27
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)
Association of State Democratic Chairs

<p>A. Full Name (Last, First, Middle Initial) Jennie Blackton</p> <p>Mailing Address 2547 North Buena Vista</p> <p>City Burbank State CA Zip Code 91504</p> <p>Purpose of Disbursement Political Consultant</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: 21b-01-02179-04101</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 114</p> <p>City Newark State NJ Zip Code 07101-0114</p> <p>Purpose of Disbursement Credit Card Payment - See memo entries</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: 21b-01-02180-0000</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 4435.54</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 10 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Transportation</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: 21b-01-02180-04163</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 133.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5435.54

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)
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Washington Metro Area Transit Authority	Transaction ID: 21b-01-02180-04170 Date of Disbursement 08 / 20 / 2009
	Mailing Address 600 5th Street, NW	Amount of Each Disbursement this Period 10.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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) US Air	Transaction ID: 21b-01-02180-04178 Date of Disbursement 08 / 20 / 2009
	Mailing Address 1001 G Street, NW	Amount of Each Disbursement this Period 289.60
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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) Bullfeathers	Transaction ID: 21b-01-02180-04177 Date of Disbursement 08 / 20 / 2009
	Mailing Address 401 1st Street, SE	Amount of Each Disbursement this Period 36.10
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: 21b-01-02180-04176
	Mailing Address 10 G Street, NE	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 21.00
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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) James P. Walsh Sedan Services	Transaction ID: 21b-01-02180-04175
	Mailing Address 1155 Connecticut Avenue, NW	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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) American Express	Transaction ID: 21b-01-02180-04174
	Mailing Address PO Box 114	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period 14.99
	Purpose of Disbursement Travel Insurance	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Coeur D'Alene Casino Resort	Transaction ID: 21b-01-02180-04172
	Mailing Address 27068 South Highway 95	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Worley State ID Zip Code 83876	Amount of Each Disbursement this Period 327.20
	Purpose of Disbursement Lodging	[MEMO ITEM]
	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) James P. Walsh Sedan Services	Transaction ID: 21b-01-02180-04171
	Mailing Address 1155 Connecticut Avenue, NW	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Washington State ID Zip Code 20036	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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) Washington Metro Area Transit Authority	Transaction ID: 21b-01-02180-04169
	Mailing Address 600 5th Street, NW	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Washington State ID Zip Code 20001	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement Parking	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	Transaction ID: 21b-01-02180-04168 Date of Disbursement
	Mailing Address 1155 Connecticut Avenue, NW	<input type="text" value="08"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation	<input type="text" value="95.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02180-04167 Date of Disbursement
	Mailing Address PO Box 114	<input type="text" value="08"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Insurance	<input type="text" value="14.99"/>
	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]

C.	Full Name (Last, First, Middle Initial) Expedia - IAN Travel Services	Transaction ID: 21b-01-02180-04166 Date of Disbursement
	Mailing Address PO Box 290	<input type="text" value="08"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Atlanta State GA Zip Code 30329	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging	<input type="text" value="190.89"/>
	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]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Cava <hr/> Mailing Address 527 8th Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02180-04180 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 218.49
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Amtrak <hr/> Mailing Address 10 G Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02180-04164 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 257.00
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Logan Tavern <hr/> Mailing Address 1423 P Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02180-04181 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 84.36
	[MEMO ITEM]
	Category/Type

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)
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	Transaction ID: 21b-01-02180-04162 Date of Disbursement 08 / 20 / 2009
	Mailing Address 1155 Connecticut Avenue, NW	Amount of Each Disbursement this Period 75.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Transportation 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]

B.	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	Transaction ID: 21b-01-02180-04161 Date of Disbursement 08 / 20 / 2009
	Mailing Address 1155 Connecticut Avenue, NW	Amount of Each Disbursement this Period 95.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Transportation 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]

C.	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	Transaction ID: 21b-01-02180-04160 Date of Disbursement 08 / 20 / 2009
	Mailing Address 1155 Connecticut Avenue, NW	Amount of Each Disbursement this Period 95.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Transportation 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]

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)
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Expedia - IAN Travel Services	Transaction ID: 21b-01-02180-04165
	Mailing Address PO Box 290	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Atlanta State GA Zip Code 30329	Amount of Each Disbursement this Period 190.89
	Purpose of Disbursement Lodging	[MEMO ITEM]
	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) Focus One	Transaction ID: 21b-01-02180-04196
	Mailing Address 2301 South Lake Shore Drive	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Chicago State IL Zip Code 60616	Amount of Each Disbursement this Period 19.90
	Purpose of Disbursement Business Services	[MEMO ITEM]
	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) Hyatt Regency	Transaction ID: 21b-01-02180-04211
	Mailing Address 71 S. Wacker Dr.	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Chicago State IL Zip Code 60606	Amount of Each Disbursement this Period -1.16
	Purpose of Disbursement Lodging	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bullfeathers	Transaction ID: 21b-01-02180-04210 Date of Disbursement
	Mailing Address 401 1st Street, SE	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Meals	<input type="text" value="49.52"/>
	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]

B.	Full Name (Last, First, Middle Initial) Founding Fathers	Transaction ID: 21b-01-02180-04209 Date of Disbursement
	Mailing Address 1924 Pennsylvania Ave., NW	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Meals	<input type="text" value="28.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Hilton Suites - Nashville	Transaction ID: 21b-01-02180-04208 Date of Disbursement
	Mailing Address 121 4th Avenue South	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Nashville State TN Zip Code 37201	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging	<input type="text" value="487.60"/>
	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) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mafiaoza's Pizzeria	Transaction ID: 21b-01-02180-04207
	Mailing Address 2400 12th Avenue South	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Nashville State TN Zip Code 37204	Amount of Each Disbursement this Period 190.18
	Purpose of Disbursement Meals	[MEMO ITEM]
	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) United Airlines	Transaction ID: 21b-01-02180-04205
	Mailing Address P.O. Box 66100	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period 78.00
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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) United Airlines	Transaction ID: 21b-01-02180-04204
	Mailing Address P.O. Box 66100	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Transportation	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Hyatt Regency

Mailing Address 71 S. Wacker Dr.

City Chicago State IL Zip Code 60606

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 21b-01-02180-04203
Date of Disbursement: 08 / 20 / 2009

Amount of Each Disbursement this Period: 8.88

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement Transportation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 21b-01-02180-04201
Date of Disbursement: 08 / 20 / 2009

Amount of Each Disbursement this Period: 20.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Hyatt Regency

Mailing Address 71 S. Wacker Dr.

City Chicago State IL Zip Code 60606

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 21b-01-02180-04200
Date of Disbursement: 08 / 20 / 2009

Amount of Each Disbursement this Period: 32.85

[MEMO ITEM]

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)
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Italian Village Restaurant Mailing Address 71 W. Monroe City Chicago State IL Zip Code 60603 Purpose of Disbursement Meals 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: 21b-01-02180-04199 Date of Disbursement 08 / 20 / 2009 Amount of Each Disbursement this Period 91.33 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Tabaq Bistro Mailing Address 1336 U Street, NW City Washington State DC Zip Code 20009 Purpose of Disbursement Meals 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: 21b-01-02180-04179 Date of Disbursement 08 / 20 / 2009 Amount of Each Disbursement this Period 55.99 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Yellow Cab Mailing Address 2230 S Michigan Ave Ste 3 City Chicago State IL Zip Code 60616 Purpose of Disbursement Transportation 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: 21b-01-02180-04197 Date of Disbursement 08 / 20 / 2009 Amount of Each Disbursement this Period 14.65 [MEMO ITEM]

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 21b-01-02180-04173 Date of Disbursement																			
	Mailing Address DFW International Airport	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Transportation	<table border="1"><tr><td>90.20</td></tr></table>	90.20																		
90.20																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) H K Restaurant	Transaction ID: 21b-01-02180-04187 Date of Disbursement																			
	Mailing Address 523 9th Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City New York State NY Zip Code	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Meals	<table border="1"><tr><td>263.26</td></tr></table>	263.26																		
263.26																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 21b-01-02180-04194 Date of Disbursement																			
	Mailing Address P.O. Box 66100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Transportation	<table border="1"><tr><td>39.00</td></tr></table>	39.00																		
39.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Association of State Democratic Chairs

<p>A. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Transportation</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: 21b-01-02180-04193</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Manchester Airport</p> <p>Mailing Address One Airport Road</p> <p>City Manchester State NJ Zip Code 03103</p> <p>Purpose of Disbursement Parking</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: 21b-01-02180-04192</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 34.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Bullfeathers</p> <p>Mailing Address 401 1st Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</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: 21b-01-02180-04191</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 45.89</p> <p>[MEMO ITEM]</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)
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) The New Yorker Hotel	Transaction ID: 21b-01-02180-04190 Date of Disbursement 08 / 20 / 2009
	Mailing Address 481 8th Avenue	Amount of Each Disbursement this Period 9.95
	City New York State NY Zip Code 10001	
	Purpose of Disbursement Lodging	
	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]

B.	Full Name (Last, First, Middle Initial) Founding Fathers	Transaction ID: 21b-01-02180-04182 Date of Disbursement 08 / 20 / 2009
	Mailing Address 1924 Pennsylvania Ave., NW	Amount of Each Disbursement this Period 225.20
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Meals	
	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]

C.	Full Name (Last, First, Middle Initial) Matchbox Capitol Hill	Transaction ID: 21b-01-02180-04183 Date of Disbursement 08 / 20 / 2009
	Mailing Address 521 8th Street, SE	Amount of Each Disbursement this Period 51.45
	City Washington State DC Zip Code	
	Purpose of Disbursement Meals	
	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]

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)
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02180-04184 Date of Disbursement																			
	Mailing Address PO Box 36647	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airfare	<table border="1"><tr><td>153.60</td></tr></table>	153.60																		
153.60																					
	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) ▼																			
		[MEMO ITEM]																			

B.	Full Name (Last, First, Middle Initial) Yellow Cab	Transaction ID: 21b-01-02180-04198 Date of Disbursement																			
	Mailing Address 2230 S Michigan Ave Ste 3	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City Chicago State IL Zip Code 60616	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Transportation	<table border="1"><tr><td>16.55</td></tr></table>	16.55																		
16.55																					
	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]																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02180-04185 Date of Disbursement																			
	Mailing Address PO Box 114	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Insurance	<table border="1"><tr><td>14.99</td></tr></table>	14.99																		
14.99																					
	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]																			

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

H K Restaurant

Mailing Address 523 9th Avenue

City State Zip Code
New York NY

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-02180-04186

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2009

Amount of Each Disbursement this Period

67.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

21805.01