



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		346040.89
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	1805254.78									
(c) Total Receipts (from Line 19) .....	144935.52	3541525.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1950190.30	3887566.12								
7. Total Disbursements (from Line 31) .....	484277.67	2421653.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1465912.63	1465912.63								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	144935.52	3541525.23
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)) .....	144935.52	3541525.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	144935.52	3541525.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	484277.67	2421653.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	484277.67	2421653.49
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))..	484277.67	2421653.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	484277.67	2421653.49

**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	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)).....	484277.67	2421653.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	144935.52	3541525.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	339342.15	-1119871.74

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 260  
(check only one)

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

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)  
Illinois Senate 2010

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43062.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

**Transaction ID:** SA15-2567

Amount of Each Receipt this Period  
43062.93

**B.**

Full Name (Last, First, Middle Initial)  
ALEXI for ILLINOIS

Mailing Address 11 S LaSalle St., Suite 2400

City Chicago State IL Zip Code 60603

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39423.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

**Transaction ID:** SA15-2570

Amount of Each Receipt this Period  
13400.00

**C.**

Full Name (Last, First, Middle Initial)  
COAKLEY FOR SENATE

Mailing Address 120 Prospect Street

City Ashland State MA Zip Code 01721

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35033.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

**Transaction ID:** SA15-2568

Amount of Each Receipt this Period  
1705.97

**SUBTOTAL** of Receipts This Page (optional) ..... ► **58168.90**

**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 / 260

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MINNESOTA DFL PARTY		Date of Receipt MM / DD / YYYY 12 / 15 / 2010		
	Mailing Address 255 East Plato Blvd		<b>Transaction ID:</b> SA15-2569		
	City St. Paul	State MN	Zip Code 55107	Amount of Each Receipt this Period 19710.28	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 19710.28		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) DNC SERVICES CORP.		Date of Receipt MM / DD / YYYY 12 / 20 / 2010		
	Mailing Address 430 SOUTH CAPITOL ST SE		<b>Transaction ID:</b> SA15-2571		
	City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 7056.34	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 940294.93		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) DNC SERVICES CORP.		Date of Receipt MM / DD / YYYY 12 / 30 / 2010		
	Mailing Address 430 SOUTH CAPITOL ST SE		<b>Transaction ID:</b> SA15-2572		
	City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 60000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 940294.93		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>86766.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>144935.52</b>

**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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement Prepaid Expenses 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-2507 Date of Disbursement 11 / 23 / 2010
	Amount of Each Disbursement this Period 50000.00 See Attached Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) AirTran Airways Mailing Address 9955 AirTran Blvd. City Orlando State FL Zip Code 32827 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2507-10000 Date of Disbursement 11 / 23 / 2010
	Amount of Each Disbursement this Period -348.20 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Alaska Airlines Mailing Address P.O. Box 24948 City Seattle State WA Zip Code 98124-0948 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2507-20000 Date of Disbursement 11 / 23 / 2010
	Amount of Each Disbursement this Period 599.10 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	50000.00
<b>TOTAL</b> 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)

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

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

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-2507-30000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 4333 Amon Carter Boulevard	Amount of Each Disbursement this Period 12406.50
	City Fort Worth State TX Zip Code 76155	
	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

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B-2507-40000 Date of Disbursement 11 / 23 / 2010
	Mailing Address Union Station 50 Massachusetts Ave., NE	Amount of Each Disbursement this Period 5324.60
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Train Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-2507-50000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 1 BENNETT STREET	Amount of Each Disbursement this Period 249.23
	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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) Avis Rent-A-Car	Transaction ID: SB21B-2507-60000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 3843 Dickerson Road	Amount of Each Disbursement this Period 2142.82
	City Charlottesville State VA Zip Code 22901	
	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-2507-70000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 214 N CLARK ST.	Amount of Each Disbursement this Period 1831.99
	City CHICAGO State IL Zip Code 60601	
	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-2507-80000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 19601 Maplewood Avenue	Amount of Each Disbursement this Period 3336.02
	City Cleveland State OH Zip Code 44135	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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-2507-90000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 213 E RICH STREET	Amount of Each Disbursement this Period 1284.88
	City COLUMBUS State OH Zip Code 43215	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-2507-100000 Date of Disbursement 11 / 23 / 2010
	Mailing Address Denver Intl Airport 25500 East 78th Avenue	Amount of Each Disbursement this Period 2281.26
	City Denver State CO Zip Code 80249	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-2507-110000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 11000 Airport Road	Amount of Each Disbursement this Period 515.99
	City Dubuque State IA Zip Code 52003	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 202 Porter Street</p> <p>City East Boston State MA Zip Code 02128</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><b>Transaction ID:</b> SB21B-2507-120000</p> <p>Date of Disbursement 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1512.69</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address Dane County Regional Airport 4000 International Lane</p> <p>City Madison State WI Zip Code 53704</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><b>Transaction ID:</b> SB21B-2507-130000</p> <p>Date of Disbursement 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 135.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AVIS RENT A CAR</p> <p>Mailing Address 367 S WILLOW STREET</p> <p>City MANCHESTER State NH Zip Code 03103</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><b>Transaction ID:</b> SB21B-2507-140000</p> <p>Date of Disbursement 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 296.40</p> <p><b>[MEMO ITEM]</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car <hr/> Mailing Address Tweed-New Haven Airport 155 Burr Street <hr/> City New Haven State CT Zip Code 06510 <hr/> Purpose of Disbursement Car Rental Candidate Name <hr/> 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-2507-150000 Date of Disbursement 11 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 689.54 <hr/> <b>[MEMO ITEM]</b> Memo Entry
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car <hr/> Mailing Address 220 West 31st Street <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Car Rental Candidate Name <hr/> 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-2507-160000 Date of Disbursement 11 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 954.16 <hr/> <b>[MEMO ITEM]</b> Memo Entry
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Avis-Rent-A-Car <hr/> Mailing Address Philadelphia Intl Airport 1 Arrivals Road <hr/> City Philadelphia State PA Zip Code 19153 <hr/> Purpose of Disbursement Car Rental Candidate Name <hr/> 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-2507-170000 Date of Disbursement 11 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 2112.93 <hr/> <b>[MEMO ITEM]</b> Memo Entry
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address Pittsburgh Intl Airport 115 Rental Car Access Road</p> <p>City Pittsburgh State PA Zip Code 15231</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><b>Transaction ID:</b> SB21B-2507-180000</p> <p>Date of Disbursement MM / DD / YYYY 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 266.67</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR</p> <p>Mailing Address 7000 NE AIRPORT WAY</p> <p>City PORTLAND State OR Zip Code 97218</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><b>Transaction ID:</b> SB21B-2507-190000</p> <p>Date of Disbursement MM / DD / YYYY 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 506.81</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address Lucas Drive Middlebelt Road Building 295</p> <p>City Detroit State MI Zip Code 48242</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><b>Transaction ID:</b> SB21B-2507-200000</p> <p>Date of Disbursement MM / DD / YYYY 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 149.23</p> <p><b>[MEMO ITEM]</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Avis-Rent-A-Car</p> <p>Mailing Address Seattle Tacoma Intl Airpot 17801 International Blvd</p> <p>City Seattle State WA Zip Code 98158</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2507-210000</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 372.40</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR</p> <p>Mailing Address 411 Minnesota St</p> <p>City ST. PAUL State MN Zip Code 55101</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2507-220000</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 431.30</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address Toledo Express Airport 11013 Airport Highway</p> <p>City Swanton State OH Zip Code 43558</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2507-230000</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 268.35</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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) AVIS-RENT-A-CA	Transaction ID: SB21B-2507-240000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 2000 POST RD	Amount of Each Disbursement this Period 1056.10
	City WARWICK State RI Zip Code 02886	
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-2507-250000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 1722 M Street, NW	Amount of Each Disbursement this Period 809.60
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-2507-260000 Date of Disbursement 11 / 23 / 2010
	Mailing Address 100 S French Street	Amount of Each Disbursement this Period 1306.87
	City Wilmington State DE Zip Code 19801	
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car Tolls Mailing Address P.O. Box 222209 City State Zip Code Great Neck NY 11022 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2507-270000 Date of Disbursement 11 / 23 / 2010
	Amount of Each Disbursement this Period 192.66 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR Mailing Address 1200 AIRPORT DRIVE City State Zip Code BURLINGTON VT 05403 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2507-280000 Date of Disbursement 11 / 23 / 2010
	Amount of Each Disbursement this Period 265.41 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address 10000 Bessie Coleman Drive City State Zip Code Chicago IL 60666 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2507-290000 Date of Disbursement 11 / 23 / 2010
	Amount of Each Disbursement this Period 810.07 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s)  
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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><b>A.</b> Full Name (Last, First, Middle Initial) BUDGET RENT-A-CAR</p> <p>Mailing Address 19601 Maplewood Avenue</p> <p>City Cleveland State OH Zip Code 44135</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2507-300000 <b>Date of Disbursement</b> 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 562.44</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address Logan Intl Airport 20 Tomahawk Drive</p> <p>City East Boston State MA Zip Code 02128</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2507-310000 <b>Date of Disbursement</b> 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 238.93</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 88-08 23rd Avenue</p> <p>City East Elmhurst State NY Zip Code 11370</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2507-320000 <b>Date of Disbursement</b> 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 528.15</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Budget Rent a Car of Las Vegas	Transaction ID: SB21B-2507-330000 Date of Disbursement
	Mailing Address McCarran Intl Airport 7135 Gillespie	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Las Vegas	State NV
	Zip Code 89119	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="4120.92"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Budget Rent-A-Car	Transaction ID: SB21B-2507-340000 Date of Disbursement
	Mailing Address Mitchell Airport 550 W. Grange Avenue	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Milwaukee	State WI
	Zip Code 53207	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="2352.37"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Budget Rent-A-Car	Transaction ID: SB21B-2507-350000 Date of Disbursement
	Mailing Address 7150 Humphrey Drive	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Minneapolis	State MN
	Zip Code 55450	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="277.93"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Budget Rent-A-Car	Transaction ID: SB21B-2507-360000 Date of Disbursement
	Mailing Address 323 George Street	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="158.88"/>
	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>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) IAN ALBERG	Transaction ID: SB21B-1723 Date of Disbursement
	Mailing Address 1210 N. Taft Street, #705	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="53.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ALBERG	Transaction ID: SB21B-1724 Date of Disbursement
	Mailing Address 1210 N. Taft Street, #705	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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><b>A.</b> Full Name (Last, First, Middle Initial) ANDREW BALLARD</p> <p>Mailing Address 210 M Street, SW</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1725</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANDREW BALLARD</p> <p>Mailing Address 210 M Street, SW</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1726</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Louis A. Beattie, Jr.</p> <p>Mailing Address P.O. BOX 1206</p> <p>City LA CANADA State CA Zip Code 91012</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><b>Transaction ID:</b> SB21B-1727</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>

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

**870.00**

**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) Louis A. Beattie, Jr.	Transaction ID: SB21B-1728 Date of Disbursement 11 / 29 / 2010
	Mailing Address P.O. BOX 1206	Amount of Each Disbursement this Period 400.00
	City LA CANADA State CA Zip Code 91012	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ted Berger	Transaction ID: SB21B-1729 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2108 Harlem Blvd	Amount of Each Disbursement this Period 800.00
	City Rockford State IL Zip Code 61103	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nicole Black	Transaction ID: SB21B-1730 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6424 Fairbanks Street	Amount of Each Disbursement this Period 35.00
	City New Carrollton State MD Zip Code 20784	
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1235.00
<b>TOTAL</b> 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) Nicole Black	Transaction ID: SB21B-1731 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6424 Fairbanks Street	Amount of Each Disbursement this Period 800.00
	City New Carrollton State MD Zip Code 20784	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-1732 Date of Disbursement 11 / 29 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 100.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kristina Broadie	Transaction ID: SB21B-1733 Date of Disbursement 11 / 29 / 2010
	Mailing Address 10606 Pinedale Drive	Amount of Each Disbursement this Period 700.00
	City Silver Spring State MD Zip Code 20901	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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) KAREN C. BURCHARD	Transaction ID: SB21B-1734 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2400 Clarendon Blvd, #905	Amount of Each Disbursement this Period 28.21
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KAREN C. BURCHARD	Transaction ID: SB21B-1735 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2400 Clarendon Blvd, #905	Amount of Each Disbursement this Period 600.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL	Transaction ID: SB21B-1736 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2416 Berkshire Drive	Amount of Each Disbursement this Period 51.00
	City Winter Haven State FL Zip Code 33884	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	679.21
<b>TOTAL</b> 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) KATHLEEN CAMPBELL	Transaction ID: SB21B-1737 Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 2416 Berkshire Drive	Amount of Each Disbursement this Period 20.00
	City Winter Haven State FL Zip Code 33884	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL	Transaction ID: SB21B-1738 Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 2416 Berkshire Drive	Amount of Each Disbursement this Period 400.00
	City Winter Haven State FL Zip Code 33884	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Ceasar	Transaction ID: SB21B-1739 Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 1600 S. Eads St., #524N	Amount of Each Disbursement this Period 59.35
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	479.35
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) David Ceasar</p> <p>Mailing Address 1600 S. Eads St., #524N</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1740 <b>Date of Disbursement</b> 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Ceasar</p> <p>Mailing Address 1600 S. Eads St., #524N</p> <p>City Arlington State VA Zip Code 22202</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><b>Transaction ID:</b> SB21B-1741 <b>Date of Disbursement</b> 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 12.75</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Ceasar</p> <p>Mailing Address 1600 S. Eads St., #524N</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1742 <b>Date of Disbursement</b> 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

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

1612.75

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1743</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.15"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1744</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="724.50"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-1745</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="224.00"/></p>

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

**975.65**

**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) JAMES DENBO	Transaction ID: SB21B-1746 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6006 Overlea Road	Amount of Each Disbursement this Period 53.01
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JAMES DENBO	Transaction ID: SB21B-1747 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6006 Overlea Road	Amount of Each Disbursement this Period 800.00
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-1748 Date of Disbursement 11 / 29 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 70.63
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	923.64
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 260

<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) James Doody	Transaction ID: SB21B-1749 Date of Disbursement 11 / 29 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 60.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-1750 Date of Disbursement 11 / 29 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 600.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-1751 Date of Disbursement 11 / 29 / 2010
	Mailing Address 432 10th Street, NE	Amount of Each Disbursement this Period 40.44
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	700.44
<b>TOTAL</b> 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) HANNAH EDWARDS	Transaction ID: SB21B-1752
	Mailing Address 432 10th Street, NE	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 23.00
	Purpose of Disbursement Train Travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-1753
	Mailing Address 432 10th Street, NE	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1754
	Mailing Address 115 W. Monument Ave., Apt 1001	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Dayton State OH Zip Code 45402	Amount of Each Disbursement this Period 31.18
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>654.18</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1755</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1756</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</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><b>Transaction ID:</b> SB21B-1757</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 16.50</p>

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

641.50

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1758</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 123.42</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1759</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1760</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

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

773.42

**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) Kathryn Edwards	Transaction ID: SB21B-1761 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 25.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Edwards	Transaction ID: SB21B-1762 Date of Disbursement 11 / 29 / 2010
	Mailing Address 115 W. Monument Ave., Apt 1001	Amount of Each Disbursement this Period 500.00
	City Dayton State OH Zip Code 45402	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-1763 Date of Disbursement 11 / 29 / 2010
	Mailing Address 134 Oxford Drive	Amount of Each Disbursement this Period 800.00
	City Tenafly State NJ Zip Code 07670	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1325.00
<b>TOTAL</b> 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) Sara Ferrill	Transaction ID: SB21B-1764 Date of Disbursement 11 / 29 / 2010
	Mailing Address 4826 Brookview Drive	Amount of Each Disbursement this Period 700.00
	City Jefferson City State MO Zip Code 65109	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lawrence Fogel	Transaction ID: SB21B-1765 Date of Disbursement 11 / 29 / 2010
	Mailing Address 501 N. Henry Street, Apt 912	Amount of Each Disbursement this Period 8.39
	City Madison State WI Zip Code 53703	
	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) Lawrence Fogel	Transaction ID: SB21B-1766 Date of Disbursement 11 / 29 / 2010
	Mailing Address 501 N. Henry Street, Apt 912	Amount of Each Disbursement this Period 400.00
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1108.39
<b>TOTAL</b> 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) DAVID GIFFORD	Transaction ID: SB21B-1767 Date of Disbursement 11 / 29 / 2010
	Mailing Address 4082 Happy Valley Road	Amount of Each Disbursement this Period 9.97
	City Lafayette State CA Zip Code 94549	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVID GIFFORD	Transaction ID: SB21B-1768 Date of Disbursement 11 / 29 / 2010
	Mailing Address 4082 Happy Valley Road	Amount of Each Disbursement this Period 500.00
	City Lafayette State CA Zip Code 94549	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-1769 Date of Disbursement 11 / 29 / 2010
	Mailing Address 69 Galen Street, #5	Amount of Each Disbursement this Period 110.00
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	619.97
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) DAVID GREELISH</p> <p>Mailing Address 69 Galen Street, #5</p> <p>City Watertown State MA Zip Code 02472</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1770</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Itai I. Grunfeld</p> <p>Mailing Address 624 N. Virgil Avenue</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1771</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Itai I. Grunfeld</p> <p>Mailing Address 624 N. Virgil Avenue</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1772</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

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

1700.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Itai I. Grunfeld</p> <p>Mailing Address 624 N. Virgil Avenue</p> <p>City Los Angeles State CA Zip Code 90004</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><b>Transaction ID:</b> SB21B-1773</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 66.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Itai I. Grunfeld</p> <p>Mailing Address 624 N. Virgil Avenue</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1774</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Itai I. Grunfeld</p> <p>Mailing Address 624 N. Virgil Avenue</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1775</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

791.25

**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) HORACIO GUTIERREZ	Transaction ID: SB21B-1776 Date of Disbursement 11 / 29 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 97.42
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-1777 Date of Disbursement 11 / 29 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 50.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-1778 Date of Disbursement 11 / 29 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 500.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	647.42
<b>TOTAL</b> 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)  
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-1779
	Mailing Address 441 10th Street, NE	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 83.52
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-1780
	Mailing Address 441 10th Street, NE	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ryan Jones	Transaction ID: SB21B-1781
	Mailing Address 1425 Chapin Street, NW, Apt 31A	Date of Disbursement MM / DD / YYYY 11 / 29 / 2010
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 39.40
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>622.92</b>
<b>TOTAL</b> 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) Ryan Jones	Transaction ID: SB21B-1782 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1425 Chapin Street, NW, Apt 31A	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ryan Jones	Transaction ID: SB21B-1783 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1425 Chapin Street, NW, Apt 31A	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ronald T. Keohane	Transaction ID: SB21B-1784 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2606 S. Kenmore Court	Amount of Each Disbursement this Period 100.66
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Events-Site Supplies	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>625.66</b>
<b>TOTAL</b> 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) Ronald T. Keohane	Transaction ID: SB21B-1785 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2606 S. Kenmore Court	Amount of Each Disbursement this Period 44.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ronald T. Keohane	Transaction ID: SB21B-1786 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2606 S. Kenmore Court	Amount of Each Disbursement this Period 25.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ronald T. Keohane	Transaction ID: SB21B-1787 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2606 S. Kenmore Court	Amount of Each Disbursement this Period 600.00
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	669.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Doug Laundry</p> <p>Mailing Address 437 New York Ave., NW, #1204</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1788</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Doug Laundry</p> <p>Mailing Address 437 New York Ave., NW, #1204</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1789</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anna Markowitz</p> <p>Mailing Address 320 Hicks Street, Apt 4</p> <p>City Brooklyn State NY Zip Code 11201</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-1790</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 343.20</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>543.20</b>
<b>TOTAL</b> 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) Anna Markowitz	Transaction ID: SB21B-1791 Date of Disbursement 11 / 29 / 2010
	Mailing Address 320 Hicks Street, Apt 4	Amount of Each Disbursement this Period 180.31
	City Brooklyn State NY Zip Code 11201	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anna Markowitz	Transaction ID: SB21B-1792 Date of Disbursement 11 / 29 / 2010
	Mailing Address 320 Hicks Street, Apt 4	Amount of Each Disbursement this Period 700.00
	City Brooklyn State NY Zip Code 11201	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John McNaught	Transaction ID: SB21B-1793 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2963 Tilden Street, NW	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	930.31
<b>TOTAL</b> 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) John McNaught	Transaction ID: SB21B-1794 Date of Disbursement 11 / 29 / 2010
	Mailing Address 2963 Tilden Street, NW	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1795 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 205.00
	City San Carlos State CA Zip Code 94070	
	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) Kerry McNellis	Transaction ID: SB21B-1796 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 400.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1305.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1797</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BRIAN MCPARTLIN</p> <p>Mailing Address 1 E. LONNQUIST BLVD.</p> <p>City MOUNT PROSPECT State IL Zip Code 60056</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1798</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael McSwain</p> <p>Mailing Address 1427 College Avenue</p> <p>City Shelby State NC Zip Code 28152</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1799</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

1900.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-1800</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 28.33</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1801</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1802</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

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

**853.33**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Minor	Transaction ID: SB21B-1803 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1323 28th Street, NW	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-1804 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 800.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-1805 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 58.90
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1158.90
<b>TOTAL</b> 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) Jaime Moore	Transaction ID: SB21B-1806 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 500.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Philippe Nassif	Transaction ID: SB21B-1807 Date of Disbursement 11 / 29 / 2010
	Mailing Address 355 I Street, SW, Apt 125	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Krystal Person	Transaction ID: SB21B-1808 Date of Disbursement 11 / 29 / 2010
	Mailing Address 155 Potomac Passage, Unit 222	Amount of Each Disbursement this Period 176.00
	City National Harbor State MD Zip Code 20745	
	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) ▼

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

1476.00

**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)  
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Krystal Person	Transaction ID: SB21B-1809 Date of Disbursement 11 / 29 / 2010
	Mailing Address 155 Potomac Passage, Unit 222	Amount of Each Disbursement this Period 100.00
	City National Harbor State MD Zip Code 20745	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Emily Petty	Transaction ID: SB21B-1810 Date of Disbursement 11 / 29 / 2010
	Mailing Address 811 4th Street, NW, #601	Amount of Each Disbursement this Period 114.86
	City Washington State DC Zip Code 20001	
	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) Emily Petty	Transaction ID: SB21B-1811 Date of Disbursement 11 / 29 / 2010
	Mailing Address 811 4th Street, NW, #601	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	234.86
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Emily Petty</p> <p>Mailing Address 811 4th Street, NW, #601</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1812</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement 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><b>Transaction ID:</b> SB21B-1813</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 65.26</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1814</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

715.26

**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) Evelyn Marie Prentice	Transaction ID: SB21B-1815 Date of Disbursement 11 / 29 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 600.00
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-1816 Date of Disbursement 11 / 29 / 2010
	Mailing Address 8200 Wisconsin Ave., #1417	Amount of Each Disbursement this Period 136.23
	City Bethesda State MD Zip Code 20814	
	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) Cole Randle	Transaction ID: SB21B-1817 Date of Disbursement 11 / 29 / 2010
	Mailing Address 8200 Wisconsin Ave., #1417	Amount of Each Disbursement this Period 800.00
	City Bethesda State MD Zip Code 20814	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1536.23
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) DANIEL RASKOV</p> <p>Mailing Address 316 San Vicente Blvd.</p> <p>City Santa Monica State CA Zip Code 90402</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1818</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 84.71</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DANIEL RASKOV</p> <p>Mailing Address 316 San Vicente Blvd.</p> <p>City Santa Monica State CA Zip Code 90402</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-1819</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JESSE J ROSEN</p> <p>Mailing Address 1045 W. County Line Road</p> <p>City Bayside State WI Zip Code 53217</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1820</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 146.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	730.71
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) JESSE J ROSEN <hr/> Mailing Address 1045 W. County Line Road <hr/> City Bayside State WI Zip Code 53217 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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-1821 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) PETER A SELFRIDGE <hr/> Mailing Address 1414 Belmont St., NW, Apt 301 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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-1822 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 102.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) PETER A SELFRIDGE <hr/> Mailing Address 1414 Belmont St., NW, Apt 301 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Car Rental Candidate Name <hr/> 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-1823 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 127.44
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	729.44
<b>TOTAL</b> 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) BEN SHANNON	Transaction ID: SB21B-1824 Date of Disbursement 11 / 29 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 67.94
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BEN SHANNON	Transaction ID: SB21B-1825 Date of Disbursement 11 / 29 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 25.00
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BEN SHANNON	Transaction ID: SB21B-1826 Date of Disbursement 11 / 29 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 600.00
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	692.94
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Elisa Shyu</p> <p>Mailing Address 101 North Carolina Ave., SE, #108</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1827</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 70.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elisa Shyu</p> <p>Mailing Address 101 North Carolina Ave., SE, #108</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1828</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JANNA SIDLEY</p> <p>Mailing Address 10358 LORENZO DRIVE</p> <p>City LOS ANGELES State CA Zip Code 90064</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><b>Transaction ID:</b> SB21B-1829</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 94.00</p>

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

664.00

**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) JANNA SIDLEY	Transaction ID: SB21B-1830 Date of Disbursement 11 / 29 / 2010
	Mailing Address 10358 LORENZO DRIVE	Amount of Each Disbursement this Period 500.00
	City LOS ANGELES State CA Zip Code 90064	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-1831 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 90.02
	City Baltimore State MD Zip Code 21212	
	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) Bradford A. Simmons	Transaction ID: SB21B-1832 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 700.00
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1290.02
<b>TOTAL</b> 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) Bradford A. Simmons	Transaction ID: SB21B-1833 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 183.48
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bradford A. Simmons	Transaction ID: SB21B-1834 Date of Disbursement 11 / 29 / 2010
	Mailing Address 6310 Mossway	Amount of Each Disbursement this Period 500.00
	City Baltimore State MD Zip Code 21212	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kate Sinner	Transaction ID: SB21B-1835 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1926 W Burnside St., Unit 1410	Amount of Each Disbursement this Period 40.00
	City Portland State OR Zip Code 97209	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	723.48
<b>TOTAL</b> 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)  
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Kate Sinner	Transaction ID: SB21B-1836 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1926 W Burnside St., Unit 1410	Amount of Each Disbursement this Period 500.00
	City Portland State OR Zip Code 97209	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIMOTHY SNEED	Transaction ID: SB21B-1837 Date of Disbursement 11 / 29 / 2010
	Mailing Address 101 S. WHITING STREET, #808	Amount of Each Disbursement this Period 78.00
	City ALEXANDRIA State VA Zip Code 22304	
	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) TIMOTHY SNEED	Transaction ID: SB21B-1838 Date of Disbursement 11 / 29 / 2010
	Mailing Address 101 S. WHITING STREET, #808	Amount of Each Disbursement this Period 800.00
	City ALEXANDRIA State VA Zip Code 22304	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1378.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</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><b>Transaction ID:</b> SB21B-1839</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 173.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1840</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ali Sutton</p> <p>Mailing Address 1422 11th Street, NW, Apt 2</p> <p>City Washington State DC Zip Code 20001</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><b>Transaction ID:</b> SB21B-1841</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

1023.53

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 60 / 260

<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><b>A.</b> Full Name (Last, First, Middle Initial) Ali Sutton</p> <p>Mailing Address 1422 11th Street, NW, Apt 2</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1842</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephanie TEMAAT</p> <p>Mailing Address 400 Sophy Street</p> <p>City Spearville State KS Zip Code 67876</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-1843</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 54.98</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Stephanie TEMAAT</p> <p>Mailing Address 400 Sophy Street</p> <p>City Spearville State KS Zip Code 67876</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><b>Transaction ID:</b> SB21B-1844</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 48.00</p>

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

902.98

**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) Stephanie Temaat	Transaction ID: SB21B-1845 Date of Disbursement
	Mailing Address 400 Sophy Street	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Spearville State KS Zip Code 67876	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="25.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Stephanie Temaat	Transaction ID: SB21B-1846 Date of Disbursement
	Mailing Address 400 Sophy Street	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Spearville State KS Zip Code 67876	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="800.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Rachel Thomas	Transaction ID: SB21B-1847 Date of Disbursement
	Mailing Address 303 South 40th Street	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19104	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="700.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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><b>A.</b> Full Name (Last, First, Middle Initial) Samuel Thomas</p> <p>Mailing Address 75 Cricket Ave., Apt 75B</p> <p>City Ardmore State PA Zip Code 19003</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><b>Transaction ID:</b> SB21B-1848</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Samuel Thomas</p> <p>Mailing Address 75 Cricket Ave., Apt 75B</p> <p>City Ardmore State PA Zip Code 19003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1849</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Samuel Thomas</p> <p>Mailing Address 75 Cricket Ave., Apt 75B</p> <p>City Ardmore State PA Zip Code 19003</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><b>Transaction ID:</b> SB21B-1850</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>

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

605.00

**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) Samuel Thomas	Transaction ID: SB21B-1851 Date of Disbursement 11 / 29 / 2010
	Mailing Address 75 Cricket Ave., Apt 75B	Amount of Each Disbursement this Period 600.00
	City Ardmore State PA Zip Code 19003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Samuel Thomas	Transaction ID: SB21B-1852 Date of Disbursement 11 / 29 / 2010
	Mailing Address 75 Cricket Ave., Apt 75B	Amount of Each Disbursement this Period 300.00
	City Ardmore State PA Zip Code 19003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alexander A. Thorpe	Transaction ID: SB21B-1853 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1415 Chapin Street, NW, #207	Amount of Each Disbursement this Period 69.95
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	969.95
<b>TOTAL</b> 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) Alexander A. Thorpe	Transaction ID: SB21B-1854 Date of Disbursement 11 / 29 / 2010
	Mailing Address 1415 Chapin Street, NW, #207	Amount of Each Disbursement this Period 400.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Peter Vale	Transaction ID: SB21B-1855 Date of Disbursement 11 / 29 / 2010
	Mailing Address 425 Glyn Wynne Road	Amount of Each Disbursement this Period 800.00
	City Haverford State PA Zip Code 19041	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maju Varghese	Transaction ID: SB21B-1856 Date of Disbursement 11 / 29 / 2010
	Mailing Address 70-60 260th Street	Amount of Each Disbursement this Period 700.00
	City Glen Oaks State NY Zip Code 11004	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1900.00
<b>TOTAL</b> 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) Maju Varghese	Transaction ID: SB21B-1857
	Mailing Address 70-60 260th Street	Date of Disbursement 11 / 29 / 2010
	City: Glen Oaks, State: NY, Zip Code: 11004	Amount of Each Disbursement this Period 336.90
	Purpose of Disbursement: Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-1858
	Mailing Address 16362 North Hawthorne Lane	Date of Disbursement 11 / 29 / 2010
	City: Mount Vernon, State: IL, Zip Code: 62864	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement: Airline Baggage 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:	

C.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-1859
	Mailing Address 16362 North Hawthorne Lane	Date of Disbursement 11 / 29 / 2010
	City: Mount Vernon, State: IL, Zip Code: 62864	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement: Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1061.90
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Susan Watson</p> <p>Mailing Address 16362 North Hawthorne Lane</p> <p>City Mount Vernon State IL Zip Code 62864</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1860</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="130.76"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Susan Watson</p> <p>Mailing Address 16362 North Hawthorne Lane</p> <p>City Mount Vernon State IL Zip Code 62864</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1861</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan Watson</p> <p>Mailing Address 16362 North Hawthorne Lane</p> <p>City Mount Vernon State IL Zip Code 62864</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-1862</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="955.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1863 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="113.98"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1864 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="22037.55"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1865 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="2755.12"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="24906.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAUL STOVALL	Transaction ID: SB21B-1866 Date of Disbursement 11 / 29 / 2010
	Mailing Address 257A Brooklyn Avenue	Amount of Each Disbursement this Period 25.00
	City Brooklyn State NY Zip Code 11213	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL STOVALL	Transaction ID: SB21B-1867 Date of Disbursement 11 / 29 / 2010
	Mailing Address 257A Brooklyn Avenue	Amount of Each Disbursement this Period 800.00
	City Brooklyn State NY Zip Code 11213	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sally Armbruster	Transaction ID: SB21B-1869 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2208 N. Sedgwick, Apt 2	Amount of Each Disbursement this Period 800.00
	City Chicago State IL Zip Code 60614	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1625.00
<b>TOTAL</b> 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) ANDREW BINNS	Transaction ID: SB21B-1870 Date of Disbursement 11 / 30 / 2010
	Mailing Address 75 Peterborough Street, #407	Amount of Each Disbursement this Period 140.81
	City Boston State MA Zip Code 02215	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANDREW BINNS	Transaction ID: SB21B-1871 Date of Disbursement 11 / 30 / 2010
	Mailing Address 75 Peterborough Street, #407	Amount of Each Disbursement this Period 800.00
	City Boston State MA Zip Code 02215	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSICA BLAKEMORE	Transaction ID: SB21B-1872 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1701 16th Street, NW, Apt 621	Amount of Each Disbursement this Period 79.52
	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) ▼

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

1020.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) JESSICA BLAKEMORE	Transaction ID: SB21B-1873 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1701 16th Street, NW, Apt 621	Amount of Each Disbursement this Period 280.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anie Borja	Transaction ID: SB21B-1874 Date of Disbursement 11 / 30 / 2010
	Mailing Address 530 Grand Street, Apt E3A	Amount of Each Disbursement this Period 87.43
	City New York State NY Zip Code 10002	
	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) Anie Borja	Transaction ID: SB21B-1875 Date of Disbursement 11 / 30 / 2010
	Mailing Address 530 Grand Street, Apt E3A	Amount of Each Disbursement this Period 700.00
	City New York State NY Zip Code 10002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1067.43
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Tramaine Brown</p> <p>Mailing Address 164 Washington Street</p> <p>City Spartanburg State SC Zip Code 29301</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><b>Transaction ID:</b> SB21B-1876</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 57.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tramaine Brown</p> <p>Mailing Address 164 Washington Street</p> <p>City Spartanburg State SC Zip Code 29301</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1877</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tramaine Brown</p> <p>Mailing Address 164 Washington Street</p> <p>City Spartanburg State SC Zip Code 29301</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1878</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

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

907.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-1879 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 33.28
	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) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-1880 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 147.59
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL CAREY	Transaction ID: SB21B-1881 Date of Disbursement 11 / 30 / 2010
	Mailing Address 212 W. 16th Street, Apt 2R	Amount of Each Disbursement this Period 60.08
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	240.95
<b>TOTAL</b> 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) Todd H. Dennett	Transaction ID: SB21B-1882 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1752 NW Market, #407	Amount of Each Disbursement this Period 92.28
	City Seattle State WA Zip Code 98107	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Todd H. Dennett	Transaction ID: SB21B-1883 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1752 NW Market, #407	Amount of Each Disbursement this Period 800.00
	City Seattle State WA Zip Code 98107	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Phyllis Dickerson	Transaction ID: SB21B-1884 Date of Disbursement 11 / 30 / 2010
	Mailing Address 2219 Singleton Cove	Amount of Each Disbursement this Period 12.60
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Events-Site Supplies	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	904.88
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Phyllis Dickerson</p> <p>Mailing Address 2219 Singleton Cove</p> <p>City Little Rock State AR Zip Code 72204</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><b>Transaction ID:</b> SB21B-1885 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 27.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Phyllis Dickerson</p> <p>Mailing Address 2219 Singleton Cove</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1886 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Phyllis Dickerson</p> <p>Mailing Address 2219 Singleton Cove</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1887 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

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

**877.00**

**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) Deesha A. Dyer	Transaction ID: SB21B-1888 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1603 C Street, SE	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Deesha A. Dyer	Transaction ID: SB21B-1889 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1603 C Street, SE	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Deesha A. Dyer	Transaction ID: SB21B-1890 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1603 C Street, SE	Amount of Each Disbursement this Period 568.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>638.00</b>
<b>TOTAL</b> 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) HANNAH EDWARDS</p> <p>Mailing Address 432 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</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><b>Transaction ID:</b> SB21B-1891</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) HANNAH EDWARDS</p> <p>Mailing Address 432 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1892</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) HANNAH EDWARDS</p> <p>Mailing Address 432 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1893</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

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

870.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</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><b>Transaction ID:</b> SB21B-1894 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 58.30</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1895 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 23.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1896 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

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

**881.30**

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

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

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

FOR LINE NUMBER:  
(check only one)

<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) ROGER FISK	Transaction ID: SB21B-1897 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1426 Florida Avenue, NW	Amount of Each Disbursement this Period 69.25
	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) ▼

B.	Full Name (Last, First, Middle Initial) ROGER FISK	Transaction ID: SB21B-1898 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1426 Florida Avenue, NW	Amount of Each Disbursement this Period 497.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Megan Glenn	Transaction ID: SB21B-1899 Date of Disbursement 11 / 30 / 2010
	Mailing Address 823 Park Street	Amount of Each Disbursement this Period 32.01
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	598.26
<b>TOTAL</b> 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) Megan Glenn	Transaction ID: SB21B-1900
	Mailing Address 823 Park Street	Date of Disbursement 11 / 30 / 2010
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Guthrie Graves-Fitzsimmons	Transaction ID: SB21B-1901
	Mailing Address 315 W. 14th Street	Date of Disbursement 11 / 30 / 2010
	City Houston State TX Zip Code 77008	Amount of Each Disbursement this Period 497.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-1902
	Mailing Address 69 Galen Street, #5	Date of Disbursement 11 / 30 / 2010
	City Watertown State MA Zip Code 02472	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1997.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) THOMAS GRIFFIN</p> <p>Mailing Address 56 Londonderry Road</p> <p>City Marblehead State MA Zip Code 01945</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1903</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) THOMAS GRIFFIN</p> <p>Mailing Address 56 Londonderry Road</p> <p>City Marblehead State MA Zip Code 01945</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-1904</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Margo Hennigan</p> <p>Mailing Address 1727 Massachusetts Ave., NW #308</p> <p>City Washington State DC Zip Code 20036</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1905</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.43"/></p>

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

**865.43**

**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><b>A.</b> Full Name (Last, First, Middle Initial) Margo Hennigan</p> <p>Mailing Address 1727 Massachusetts Ave., NW #308</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1906</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 196.33</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JENNIFER HUGHES</p> <p>Mailing Address 1816 NEW HAMPSHIRE AVE., NW #509</p> <p>City WASHINGTON State DC Zip Code 20009</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><b>Transaction ID:</b> SB21B-1907</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JENNIFER HUGHES</p> <p>Mailing Address 1816 NEW HAMPSHIRE AVE., NW #509</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1908</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>

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

261.33

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JENNIFER HUGHES</p> <p>Mailing Address 1816 NEW HAMPSHIRE AVE., NW #509</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1909</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas Keady, Jr.</p> <p>Mailing Address 23 ANSONIA ROAD</p> <p>City WEST ROXBURY State MA Zip Code 02132</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1910</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DURWIN LAIRY</p> <p>Mailing Address 1006 EAST 11TH STREET</p> <p>City NORTH LITTLE ROCK State AR Zip Code 72114</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1911</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

2100.00

**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) Brandon Lepow	Transaction ID: SB21B-1912 Date of Disbursement
	Mailing Address 2401 Calvert St., NW, Apt. 509	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="28.16"/>
	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) Brandon Lepow	Transaction ID: SB21B-1913 Date of Disbursement
	Mailing Address 2401 Calvert St., NW, Apt. 509	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="25.39"/>
	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) Brandon Lepow	Transaction ID: SB21B-1914 Date of Disbursement
	Mailing Address 2401 Calvert St., NW, Apt. 509	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="80.46"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="134.01"/>
<b>TOTAL</b> 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Katherine Lillie <hr/> Mailing Address 1840 13th Street, NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel Expense <hr/> 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) ▼	<b>Transaction ID:</b> SB21B-1915 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 78.59
<b>B.</b>	Full Name (Last, First, Middle Initial) Katherine Lillie <hr/> Mailing Address 1840 13th Street, NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb <hr/> 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) ▼	<b>Transaction ID:</b> SB21B-1916 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 497.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Anna Markowitz <hr/> Mailing Address 320 Hicks Street, Apt 4 <hr/> City Brooklyn State NY Zip Code 11201 <hr/> Purpose of Disbursement Travel Expense <hr/> 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) ▼	<b>Transaction ID:</b> SB21B-1917 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 97.01

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>672.60</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Anna Markowitz</p> <p>Mailing Address 320 Hicks Street, Apt 4</p> <p>City Brooklyn State NY Zip Code 11201</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1918 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-1919 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 26.64</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</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><b>Transaction ID:</b> SB21B-1920 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 28.00</p>

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

554.64

**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) Kathryn Minor	Transaction ID: SB21B-1921 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1323 28th Street, NW	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RYAN J MONTOYA	Transaction ID: SB21B-1922 Date of Disbursement 11 / 30 / 2010
	Mailing Address 20 Altadena Drive	Amount of Each Disbursement this Period 83.00
	City Pueblo State CO Zip Code 81005	
	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) RYAN J MONTOYA	Transaction ID: SB21B-1923 Date of Disbursement 11 / 30 / 2010
	Mailing Address 20 Altadena Drive	Amount of Each Disbursement this Period 800.00
	City Pueblo State CO Zip Code 81005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1383.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PETER NEWELL</b>	<b>Transaction ID:</b> SB21B-1924 Date of Disbursement 11 / 30 / 2010	
	Mailing Address 2401 Calvert Street, NW, Apt 924		
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period	62.01
	Purpose of Disbursement Travel Expense	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PETER NEWELL</b>	<b>Transaction ID:</b> SB21B-1925 Date of Disbursement 11 / 30 / 2010	
	Mailing Address 2401 Calvert Street, NW, Apt 924		
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period	336.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>TYLER NORMAN</b>	<b>Transaction ID:</b> SB21B-1926 Date of Disbursement 11 / 30 / 2010	
	Mailing Address 128 W. 13th Street, #26		
	City New York State NY Zip Code 10011	Amount of Each Disbursement this Period	193.66
	Purpose of Disbursement Travel Expense	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>591.67</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) TYLER NORMAN</p> <p>Mailing Address 128 W. 13th Street, #26</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1927</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARY OFFERMAN</p> <p>Mailing Address 200 10TH STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003-2117</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1928</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARY OFFERMAN</p> <p>Mailing Address 200 10TH STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003-2117</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1929</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

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

1650.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Paulsen</p> <p>Mailing Address 1600-B Beekman Place, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1930</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 336.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I Street, SE, #713</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-1931</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 129.66</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I Street, SE, #713</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1932</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

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

1065.66

**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><b>A.</b> Full Name (Last, First, Middle Initial) Stacy Porto</p> <p>Mailing Address 916 T Street, NW</p> <p>City Washington State DC Zip Code 20001</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><b>Transaction ID:</b> SB21B-1933</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 51.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stacy Porto</p> <p>Mailing Address 916 T Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1934</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cole Randle</p> <p>Mailing Address 8200 Wisconsin Ave., #1417</p> <p>City Bethesda State MD Zip Code 20814</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><b>Transaction ID:</b> SB21B-1935</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 90.75</p>

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

841.75

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cole Randle</p> <p>Mailing Address 8200 Wisconsin Ave., #1417</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1936</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elisabeth Reiter</p> <p>Mailing Address 5 16th Street, NE</p> <p>City Washington State DC Zip Code 20002</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><b>Transaction ID:</b> SB21B-1937</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 78.01</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elisabeth Reiter</p> <p>Mailing Address 5 16th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1938</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

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

1378.01

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1939 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 48.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1940 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-1941 Date of Disbursement 11 / 30 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>873.00</b>
<b>TOTAL</b> 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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1942</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>B.</b></p> <p>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 Train Travel</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><b>Transaction ID:</b> SB21B-1943</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 35.00</p>
<p><b>C.</b></p> <p>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 &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1944</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

760.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) JESSE J ROSEN</p> <p>Mailing Address 1045 W. County Line Road</p> <p>City Bayside State WI Zip Code 53217</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><b>Transaction ID:</b> SB21B-1945</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 194.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JESSE J ROSEN</p> <p>Mailing Address 1045 W. County Line Road</p> <p>City Bayside State WI Zip Code 53217</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1946</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Taline Sanassarian</p> <p>Mailing Address 4849 Connecticut Ave., NW Apt 412</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1947</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

1594.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin</p> <p>Mailing Address 64 Sullivan Street, #3</p> <p>City Charlestown State MA Zip Code 02129</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1948</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin</p> <p>Mailing Address 64 Sullivan Street, #3</p> <p>City Charlestown State MA Zip Code 02129</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1949</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin</p> <p>Mailing Address 64 Sullivan Street, #3</p> <p>City Charlestown State MA Zip Code 02129</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-1950</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="669.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wayne Skinner</p> <p>Mailing Address 1608 13th Street, NW</p> <p>City Washington State DC Zip Code 20009</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><b>Transaction ID:</b> SB21B-1951</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 151.18</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wayne Skinner</p> <p>Mailing Address 1608 13th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1952</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony C. Smith</p> <p>Mailing Address 6 Forest Avenue</p> <p>City Salem State MA Zip Code 01970</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><b>Transaction ID:</b> SB21B-1953</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 244.74</p>

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

1095.92

**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) Anthony C. Smith	Transaction ID: SB21B-1954 Date of Disbursement 11 / 30 / 2010
	Mailing Address 6 Forest Avenue	Amount of Each Disbursement this Period 800.00
	City Salem State MA Zip Code 01970	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JEFFREY TATE	Transaction ID: SB21B-1955 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1216 7th St., NW, Apt 101	Amount of Each Disbursement this Period 5.00
	City Washington State DC Zip Code 20001	
	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) JEFFREY TATE	Transaction ID: SB21B-1956 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1216 7th St., NW, Apt 101	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	855.00
<b>TOTAL</b> 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) JEFFREY TATE	Transaction ID: SB21B-1957 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1216 7th St., NW, Apt 101	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jeff Tiller	Transaction ID: SB21B-1958 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1025 G Street, NE	Amount of Each Disbursement this Period 20.82
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jeff Tiller	Transaction ID: SB21B-1959 Date of Disbursement 11 / 30 / 2010
	Mailing Address 1025 G Street, NE	Amount of Each Disbursement this Period 5.85
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	726.67
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Jeff Tiller</p> <p>Mailing Address 1025 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1960</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 77.31</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BRADLEY BECNEL</p> <p>Mailing Address 1133 14th Street, NW, Unit 509</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2031</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 340.80</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BRADLEY BECNEL</p> <p>Mailing Address 1133 14th Street, NW, Unit 509</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2032</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 497.00</p>

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

915.11

**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><b>A.</b> Full Name (Last, First, Middle Initial) BRADLEY BECNEL</p> <p>Mailing Address 1133 14th Street, NW, Unit 509</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2033</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 495.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BRADLEY BECNEL</p> <p>Mailing Address 1133 14th Street, NW, Unit 509</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2034</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 134.68</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kristina Broadie</p> <p>Mailing Address 10606 Pinedale Drive</p> <p>City Silver Spring State MD Zip Code 20901</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><b>Transaction ID:</b> SB21B-2035</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 37.00</p>

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

666.68

**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 Broadie	Transaction ID: SB21B-2036 Date of Disbursement 12 / 02 / 2010
	Mailing Address 10606 Pinedale Drive	Amount of Each Disbursement this Period 495.00
	City Silver Spring State MD Zip Code 20901	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-2037 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 81.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL BRUSH	Transaction ID: SB21B-2038 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1755 T Street, NW	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1024.00
<b>TOTAL</b> 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL BRUSH</p> <p>Mailing Address 1755 T Street, NW</p> <p>City Washington State DC Zip Code 20009</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><b>Transaction ID:</b> SB21B-2039</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 91.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL BRUSH</p> <p>Mailing Address 1755 T Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2040</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 568.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brandon Lepow</p> <p>Mailing Address 2401 Calvert St., NW, Apt. 509</p> <p>City Washington State DC Zip Code 20008</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><b>Transaction ID:</b> SB21B-2041</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 41.26</p>

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

**700.26**

**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) Brandon Lepow	Transaction ID: SB21B-2042 Date of Disbursement
	Mailing Address 2401 Calvert St., NW, Apt. 509	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="497.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Lipsky	Transaction ID: SB21B-2043 Date of Disbursement
	Mailing Address 1638 19th Street, NW	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="495.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Joshua Lipsky	Transaction ID: SB21B-2044 Date of Disbursement
	Mailing Address 1638 19th Street, NW	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="13.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1005.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2045</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2046</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 448.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Johanna Maska</p> <p>Mailing Address 1133 14th Street, NW, #410</p> <p>City Washington State DC Zip Code 20005</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><b>Transaction ID:</b> SB21B-2047</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 13.87</p>

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

**486.87**

**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) Johanna Maska	Transaction ID: SB21B-2048 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1133 14th Street, NW, #410	Amount of Each Disbursement this Period 459.75
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brian Quinn	Transaction ID: SB21B-2049 Date of Disbursement 12 / 02 / 2010
	Mailing Address 2122 12th Place, NW	Amount of Each Disbursement this Period 74.84
	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) Brian Quinn	Transaction ID: SB21B-2050 Date of Disbursement 12 / 02 / 2010
	Mailing Address 2122 12th Place, NW	Amount of Each Disbursement this Period 568.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1102.59
<b>TOTAL</b> 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) Brian Quinn <hr/> Mailing Address 2122 12th Place, NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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-2051 Date of Disbursement 12 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 38.00
B.	Full Name (Last, First, Middle Initial) Brian Quinn <hr/> Mailing Address 2122 12th Place, NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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-2052 Date of Disbursement 12 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 568.00
C.	Full Name (Last, First, Middle Initial) Luke B. Rosa <hr/> Mailing Address 55 U Street, NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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-2053 Date of Disbursement 12 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 25.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>631.50</b>
<b>TOTAL</b> 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) Luke B. Rosa	Transaction ID: SB21B-2054 Date of Disbursement 12 / 02 / 2010
	Mailing Address 55 U Street, NW	Amount of Each Disbursement this Period 495.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stephanie TEMAAT	Transaction ID: SB21B-2055 Date of Disbursement 12 / 02 / 2010
	Mailing Address 400 Sophy Street	Amount of Each Disbursement this Period 495.00
	City Spearville State KS Zip Code 67876	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rachel Thomas	Transaction ID: SB21B-2056 Date of Disbursement 12 / 02 / 2010
	Mailing Address 303 South 40th Street	Amount of Each Disbursement this Period 495.00
	City Philadelphia State PA Zip Code 19104	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1485.00

**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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-2057 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="1469.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Samantha Tubman	Transaction ID: SB21B-2058 Date of Disbursement
	Mailing Address 1450 Church Street, Apt. 304	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense Candidate Name	<input type="text" value="35.10"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Samantha Tubman	Transaction ID: SB21B-2059 Date of Disbursement
	Mailing Address 1450 Church Street, Apt. 304	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	<input type="text" value="396.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1900.10"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2060 Date of Disbursement 12 / 02 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 25.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2061 Date of Disbursement 12 / 02 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 495.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETER WEEKS	Transaction ID: SB21B-2062 Date of Disbursement 12 / 02 / 2010
	Mailing Address 1755 Euclid Street, NW, Unit 1	Amount of Each Disbursement this Period 57.69
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	577.69
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) PETER WEEKS</p> <p>Mailing Address 1755 Euclid Street, NW, Unit 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2063</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 497.00</p>
<p><b>B.</b> 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 Prepaid Expenses</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><b>Transaction ID:</b> SB21B-2573</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 118540.72</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 323 George Street</p> <p>City New Haven State CT Zip Code 06511</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-10000</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1075.72</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

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

119037.72

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Budget Rent-A-Car  Mailing Address Orlando Intl Airport 1 Airport Boulevard  City Orlando State FL Zip Code 32827  Purpose of Disbursement Car Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2573-20000 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 91.99  <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) Budget Rent-A-Car  Mailing Address 30th St Train Station & Market  City Philadelphia State PA Zip Code 19103  Purpose of Disbursement Car Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2573-30000 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 2311.30  <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR  Mailing Address 7000 AIRPORT WAY  City PORTLAND State OR Zip Code 97220  Purpose of Disbursement Car Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2573-40000 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 2604.12  <b>[MEMO ITEM]</b> Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR</p> <p>Mailing Address 2001 E PLUMB LANE</p> <p>City RENO State NV Zip Code 89502</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-50000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 957.92</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 6420 McNair Circle</p> <p>City Sacramento State CA Zip Code 95837</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-60000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 628.85</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 780 McDonnell Road</p> <p>City San Francisco State CA Zip Code 94128</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-70000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 3275.90</p> <p><b>[MEMO ITEM]</b> 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 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><b>A.</b> Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR</p> <p>Mailing Address 17801 INTERNATIONAL BLVD</p> <p>City SEATTLE State WA Zip Code 98158</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-80000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 404.59</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR</p> <p>Mailing Address 4650 GLUMACK</p> <p>City ST. PAUL State MN Zip Code 55111</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-90000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2354.53</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 11360 W. Airport Service Road</p> <p>City Swanton State OH Zip Code 43558</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-100000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 618.43</p> <p><b>[MEMO ITEM]</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR</p> <p>Mailing Address 1823 JEFFERSON PLACE NW</p> <p>City WASHINGTON State DC Zip Code 20036</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-110000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 735.02</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 240 Airport Road, #106</p> <p>City White Plains State NY Zip Code 10601</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-120000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 486.02</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car Tolls</p> <p>Mailing Address 11 Grace Avenue, Suite 108</p> <p>City Great Neck State NY Zip Code 11021</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-130000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 163.35</p> <p><b>[MEMO ITEM]</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-2573-140000 Date of Disbursement 12 / 07 / 2010
	Amount of Each Disbursement this Period 3462.25 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) CROWNE PLAZA HOTEL Mailing Address 733 West Madison City Chicago State IL Zip Code 60661 Purpose of Disbursement Lodging & Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-2573-150000 Date of Disbursement 12 / 07 / 2010
	Amount of Each Disbursement this Period 2340.15 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) CROWN PLAZA HOTEL Mailing Address 1450 GLENARM PLACE City DENVER State CO Zip Code 80202 Purpose of Disbursement Lodging & Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-2573-160000 Date of Disbursement 12 / 07 / 2010
	Amount of Each Disbursement this Period 6005.96 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Delta Air Lines, Inc.</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-170000</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 13687.51</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Doubletree Hotel Downtown</p> <p>Mailing Address 700 N. King Street</p> <p>City Wilmington State DE Zip Code 19801</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2573-180000</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 7154.50</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Doubletree Hotel</p> <p>Mailing Address 611 W. Wisconsin Avenue</p> <p>City Milwaukee State WI Zip Code 53203</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2573-190000</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 3035.36</p> <p><b>[MEMO ITEM]</b> 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)  
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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) EMBASSY SUITES	Transaction ID: SB21B-2573-200000
	Mailing Address 319 SW Pine Street	Date of Disbursement 12 / 07 / 2010
	City PORTLAND State OR Zip Code 97204	Amount of Each Disbursement this Period 12835.88
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Enterprise Rent A Car	Transaction ID: SB21B-2573-210000
	Mailing Address PO Box 795153	Date of Disbursement 12 / 07 / 2010
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period 9800.68
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Fairfield Inn	Transaction ID: SB21B-2573-220000
	Mailing Address 860 South Porter Street	Date of Disbursement 12 / 07 / 2010
	City Manchester State NH Zip Code 03103	Amount of Each Disbursement this Period 1356.25
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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) Fairfield Inn by Marriott	Transaction ID: SB21B-2573-230000 Date of Disbursement 12 / 07 / 2010
	Mailing Address 11929 NE Airport Way	Amount of Each Disbursement this Period 1246.00
	City Portland State OR Zip Code 97220	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) FONTAINEBLEAU RESORT	Transaction ID: SB21B-2573-240000 Date of Disbursement 12 / 07 / 2010
	Mailing Address 4441 COLLINS AVE	Amount of Each Disbursement this Period 11111.00
	City MIAMI BEACH State FL Zip Code 33140	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: SB21B-2573-250000 Date of Disbursement 12 / 07 / 2010
	Mailing Address Frontier Center One 7001 Tower Road	Amount of Each Disbursement this Period 599.40
	City Denver State CO Zip Code 80249	
	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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) GRAND SIERRA RESORT	Transaction ID: SB21B-2573-260000
	Mailing Address 2500 E SECOND ST.	Date of Disbursement 12 / 07 / 2010
	City RENO State NV Zip Code 89595	Amount of Each Disbursement this Period 5663.25
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-2573-270000
	Mailing Address 3311 Airport Road	Date of Disbursement 12 / 07 / 2010
	City Allentown State PA Zip Code 18101	Amount of Each Disbursement this Period 945.31
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B-2573-280000
	Mailing Address Boston Logan Intl Airport 207 Porter Street	Date of Disbursement 12 / 07 / 2010
	City Boston State MA Zip Code 02128	Amount of Each Disbursement this Period 1391.43
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) HERTZ RENT A CAR</p> <p>Mailing Address Taylor Memorial Dr</p> <p>City BURLINGTON State VT Zip Code 05403</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-290000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1467.75</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address 10000 Bessie Coleman Drive</p> <p>City Chicago State IL Zip Code 60666</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-300000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 6030.15</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Cleveland Hopkins Airport 19601 Maplewood Avenue</p> <p>City Cleveland State OH Zip Code 44135</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-310000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 3606.58</p> <p><b>[MEMO ITEM]</b> 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) Hertz Car Rental	Transaction ID: SB21B-2573-320000 Date of Disbursement 12 / 07 / 2010
	Mailing Address: Detroit Metro Wayne Co. Airprt 289 Lucas Drive, Suite B	Amount of Each Disbursement this Period 461.46
	City: Detroit State: MI Zip Code: 48482	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-2573-330000 Date of Disbursement 12 / 07 / 2010
	Mailing Address: Las Vegas McCarran Intl Airprt 7135 Gillespie Street	Amount of Each Disbursement this Period 307.04
	City: Las Vegas State: NV Zip Code: 89119	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-2573-340000 Date of Disbursement 12 / 07 / 2010
	Mailing Address: 438 South Willow	Amount of Each Disbursement this Period 1452.76
	City: Manchester State: NH Zip Code: 03103	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 122 / 260

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 323 West 34th Street City New York State NY Zip Code 10119 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-2573-350000 Date of Disbursement 12 / 07 / 2010
	Amount of Each Disbursement this Period 235.45 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 5300 South Howell Avenue City Milwaukee State WI Zip Code 53207 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-2573-360000 Date of Disbursement 12 / 07 / 2010
	Amount of Each Disbursement this Period 1583.21 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 4128 Airport Road City Moline State IL Zip Code 61265 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-2573-370000 Date of Disbursement 12 / 07 / 2010
	Amount of Each Disbursement this Period 815.32 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL</p> <p>Mailing Address Newark Intl Airport 23 Newark Airport, Bldg 23</p> <p>City NEWARK State NJ Zip Code 07114</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-380000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 251.69</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address 2951 Market St</p> <p>City Philadelphia State PA Zip Code 19104</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-390000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 3261.68</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address 7000 Northeast Airport Way</p> <p>City Portland State OR Zip Code 97220</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-400000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 478.55</p> <p><b>[MEMO ITEM]</b> 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) Hertz Car Rental	Transaction ID: SB21B-2573-410000 Date of Disbursement
	Mailing Address 1567 Vassar Street	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Reno State NV Zip Code 89502	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="626.74"/>
	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>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-2573-420000 Date of Disbursement
	Mailing Address 780 McDonnell Road	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="1619.67"/>
	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>[MEMO ITEM]</b> Memo Entry

C.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-2573-430000 Date of Disbursement
	Mailing Address 780 McDonnell Road	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="6481.84"/>
	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>[MEMO ITEM]</b> Memo Entry

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-2573-440000 Date of Disbursement 12 / 07 / 2010
	Mailing Address Toledo Express Airport 11013 Airport Highway	Amount of Each Disbursement this Period 299.61
	City Swanton State OH Zip Code 43558	
	Purpose of Disbursement Car Rental	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>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-2573-450000 Date of Disbursement 12 / 07 / 2010
	Mailing Address 100 Martin Luther King Blvd.	Amount of Each Disbursement this Period 1082.37
	City Wilmington State DE Zip Code 19801	
	Purpose of Disbursement Car Rental	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>[MEMO ITEM]</b> Memo Entry

C.	Full Name (Last, First, Middle Initial) Hilton New York	Transaction ID: SB21B-2573-460000 Date of Disbursement 12 / 07 / 2010
	Mailing Address 1335 Avenue of the Americas	Amount of Each Disbursement this Period 23.25
	City New York State NY Zip Code 10019	
	Purpose of Disbursement Lodging & Catering	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>[MEMO ITEM]</b> Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HOMEWOOD SUITES	Transaction ID: SB21B-2573-470000
	Mailing Address 350 ROCKY RUN BLVD	Date of Disbursement 12 / 07 / 2010
	City WILMINGTON State DE Zip Code 19803	Amount of Each Disbursement this Period 218.00
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hotel Indigo	Transaction ID: SB21B-2573-480000
	Mailing Address 1244 N. Dearborn Parkway	Date of Disbursement 12 / 07 / 2010
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period 13314.06
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Hotel Ivy	Transaction ID: SB21B-2573-490000
	Mailing Address 2001 South Eleventh Street	Date of Disbursement 12 / 07 / 2010
	City Minneapolis State MN Zip Code 55403	Amount of Each Disbursement this Period 2104.44
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Hyatt Regency San Francisco Arprt

Mailing Address 1333 Bayshore Highway

City State Zip Code  
Burlingame CA 94010

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-2573-500000  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	1	0

Amount of Each Disbursement this Period

977.68
--------

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
Richmond Upon Thames

Mailing Address 44 York Street  
Twickenham

City State Zip Code  
Middlesex TW1 3-BZ

Purpose of Disbursement  
Travel Agent fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-2573-510000  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	1	0

Amount of Each Disbursement this Period

56.49
-------

[MEMO ITEM]  
Memo Entry

C.

Full Name (Last, First, Middle Initial)  
Crowne Plaza Hotel

Mailing Address 2 Somerset Parkway

City State Zip Code  
Nashua NH 03063

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-2573-520000  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	1	0

Amount of Each Disbursement this Period

1992.00
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[MEMO ITEM]  
Memo Entry

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

0.00
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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)

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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) Holiday Inn Express	Transaction ID: SB21B-2573-530000 Date of Disbursement
	Mailing Address 2080 Holliday Drive	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Dubuque State IA Zip Code 52002	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="2246.76"/>
	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>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) Holiday Inn Hotel & Suites	Transaction ID: SB21B-2573-540000 Date of Disbursement
	Mailing Address 545 West Layton Avenue	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Milwaukee State WI Zip Code 53207	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="3183.24"/>
	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>[MEMO ITEM]</b> Memo Entry

C.	Full Name (Last, First, Middle Initial) InterContinental Chicago	Transaction ID: SB21B-2573-550000 Date of Disbursement
	Mailing Address 505 North Michigan Ave	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60611	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="15003.63"/>
	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>[MEMO ITEM]</b> Memo Entry

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Philadelphia Marriott Downtown	Transaction ID: SB21B-2573-560000
	Mailing Address 1201 Market Street	Date of Disbursement 12 / 07 / 2010
	City Philadelphia State PA Zip Code 19107	Amount of Each Disbursement this Period 18629.38
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) MARRIOTT HOTEL	Transaction ID: SB21B-2573-570000
	Mailing Address 1250 JORDAN CREEK PKWY.	Date of Disbursement 12 / 07 / 2010
	City DES MOINES State IA Zip Code 50266	Amount of Each Disbursement this Period 4336.00
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) San Francisco Airport Marriott Waterfront	Transaction ID: SB21B-2573-580000
	Mailing Address 1800 Old Bayshore Highway	Date of Disbursement 12 / 07 / 2010
	City Burlingame State CA Zip Code 94010	Amount of Each Disbursement this Period 1006.38
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cleveland Marriott Key Center  Mailing Address 127 Public Square  City Cleveland State OH Zip Code 44114  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-2573-590000 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 8325.72  <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) Boston Marriott Quincy  Mailing Address 1000 Marriott Drive  City Quincy State MA Zip Code 02169  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-2573-600000 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 4412.25  <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) Stamford Marriott  Mailing Address 243 Tresser Blvd  City Stamford State CT Zip Code 06901  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-2573-610000 Date of Disbursement 12 / 07 / 2010  Amount of Each Disbursement this Period 2676.00  <b>[MEMO ITEM]</b> Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Trumbull Marriott Merritt Parkway  
Mailing Address 180 Hawley Lane

Transaction ID: SB21B-2573-620000  
Date of Disbursement  
12 / 07 / 2010

City Trumbull State CT Zip Code 06611

Amount of Each Disbursement this Period  
6894.72

Purpose of Disbursement  
Lodging & Catering  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
Renaissance Chicago Downtown Hotel  
Mailing Address One West Wacker Drive

Transaction ID: SB21B-2573-625000  
Date of Disbursement  
12 / 07 / 2010

City Chicago State IL Zip Code 60601

Amount of Each Disbursement this Period  
7331.19

Purpose of Disbursement  
Lodging & Catering  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]  
Memo Entry

C.

Full Name (Last, First, Middle Initial)  
RENAISSANCE HOTEL  
Mailing Address 24 Public Sq

Transaction ID: SB21B-2573-640000  
Date of Disbursement  
12 / 07 / 2010

City CLEVELAND State OH Zip Code 43215

Amount of Each Disbursement this Period  
940.48

Purpose of Disbursement  
Lodging & Catering  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]  
Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Renaissance Columbus Downtown Hotel

Mailing Address 50 North 3rd Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-2573-650000

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

6749.25

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
SHERATON HOTEL

Mailing Address 870 WILLISTON RD

City BURLINGTON State VT Zip Code 05403

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-2573-660000

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

986.75

[MEMO ITEM]  
Memo Entry

C.

Full Name (Last, First, Middle Initial)  
Sheraton Philadelphia City Ctr

Mailing Address 17th & Race Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-2573-670000

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

1965.55

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sheraton Suites Wilmington	Transaction ID: SB21B-2573-680000
	Mailing Address 422 Delaware Avenue	Date of Disbursement 12 / 07 / 2010
	City Wilmington State DE Zip Code 19801	Amount of Each Disbursement this Period 6226.40
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB21B-2573-690000
	Mailing Address 2702 LOVE FIELD DR	Date of Disbursement 12 / 07 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 4419.80
	Purpose of Disbursement Airfare	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Travel Agency Service	Transaction ID: SB21B-2573-700000
	Mailing Address 3415 E Kiehl Ave	Date of Disbursement 12 / 07 / 2010
	City Little Rock State AR Zip Code 72205	Amount of Each Disbursement this Period 7565.00
	Purpose of Disbursement Travel Agent fee	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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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) United Airlines	Transaction ID: SB21B-2573-710000 Date of Disbursement 12 / 07 / 2010
	Mailing Address 77 W. Wacker Drive	Amount of Each Disbursement this Period 14965.90
	City Chicago State IL Zip Code 60601	
	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

B.	Full Name (Last, First, Middle Initial) US Airways Group Inc.	Transaction ID: SB21B-2573-720000 Date of Disbursement 12 / 07 / 2010
	Mailing Address 111 W. Rio Salado Pkwy	Amount of Each Disbursement this Period 31593.60
	City Tempe State AZ Zip Code 85281	
	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) W Boston	Transaction ID: SB21B-2573-730000 Date of Disbursement 12 / 07 / 2010
	Mailing Address 100 Stuart Street	Amount of Each Disbursement this Period 5648.46
	City Boston State MA Zip Code 02116	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) W Seattle</p> <p>Mailing Address 1112 4th Avenue</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2573-740000</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 9080.49</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Westin San Francisco</p> <p>Mailing Address 1 Old Bayshore Hwy</p> <p>City Millbrae State CA Zip Code 94030</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2573-750000</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2974.71</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Westin Seattle</p> <p>Mailing Address 1900 5th Avenue</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2573-760000</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 6203.10</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Avis Rental Fines</p> <p>Mailing Address 7681 E. Gray Road</p> <p>City Scottsdale State AZ Zip Code 85260</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-770000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Plate Pass</p> <p>Mailing Address 7681 East Gray Road</p> <p>City Scottsdale State AZ Zip Code 85260</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2573-780000 <b>Date of Disbursement</b> 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 60.50</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Alston</p> <p>Mailing Address 409 W. Ellet Street</p> <p>City Philadelphia State PA Zip Code 19119</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2065 <b>Date of Disbursement</b> 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 179.52</p>

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

179.52

**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)

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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

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) Patrick Bauer	Transaction ID: SB21B-2066 Date of Disbursement
	Mailing Address 82 Sea Cliff Avenue	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sea Cliff State NY Zip Code 11579	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="23.04"/>
	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) Patrick Bauer	Transaction ID: SB21B-2067 Date of Disbursement
	Mailing Address 82 Sea Cliff Avenue	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sea Cliff State NY Zip Code 11579	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="161.28"/>
	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) Eric Blackwell	Transaction ID: SB21B-2068 Date of Disbursement
	Mailing Address 209 Country Club Drive	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bald Knob State AR Zip Code 72010	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="30.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="214.32"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Eric Blackwell</p> <p>Mailing Address 209 Country Club Drive</p> <p>City Bald Knob State AR Zip Code 72010</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2069</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANDREW BLOCK</p> <p>Mailing Address 142 East 79th Street, Apt L</p> <p>City New York State NY Zip Code 10075</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2070</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</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><b>Transaction ID:</b> SB21B-2071</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 31.49</p>

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

1131.49

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

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

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

FOR LINE NUMBER:  
(check only one)

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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><b>A.</b> Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2072</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2073</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</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><b>Transaction ID:</b> SB21B-2074</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p>

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

745.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2075 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2076 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL CAREY	Transaction ID: SB21B-2077 Date of Disbursement 12 / 08 / 2010
	Mailing Address 212 W. 16th Street, Apt 2R	Amount of Each Disbursement this Period 600.00
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1150.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) James Carney</p> <p>Mailing Address 4828 W Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2078</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 80.94</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</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><b>Transaction ID:</b> SB21B-2079</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2080</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 132.00</p>

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

231.94

**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) NORA COHEN	Transaction ID: SB21B-2081 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 12.51
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2082 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bryan DeAngelis	Transaction ID: SB21B-2083 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1418 Florida Ave., NW, Apt 1	Amount of Each Disbursement this Period 10.00
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	470.51
<b>TOTAL</b> 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) Bryan DeAngelis	Transaction ID: SB21B-2084 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1418 Florida Ave., NW, Apt 1	Amount of Each Disbursement this Period 400.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-2085 Date of Disbursement 12 / 08 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 67.00
	City Newark State DE Zip Code 19711	
	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) James Doody	Transaction ID: SB21B-2086 Date of Disbursement 12 / 08 / 2010
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 700.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1167.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Eugene Kang</p> <p>Mailing Address 1606 15th Street, NW, #3</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2087</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 57.65</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DURWIN LAIRY</p> <p>Mailing Address 1006 EAST 11TH STREET</p> <p>City NORTH LITTLE ROCK State AR Zip Code 72114</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><b>Transaction ID:</b> SB21B-2088</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Larus</p> <p>Mailing Address 14684 Sailboat Circle</p> <p>City Midlothian State VA Zip Code 23112</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><b>Transaction ID:</b> SB21B-2089</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 192.57</p>

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

300.22

**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) Jennifer Larus	Transaction ID: SB21B-2090 Date of Disbursement 12 / 08 / 2010
	Mailing Address 14684 Sailboat Circle	Amount of Each Disbursement this Period 700.00
	City Midlothian State VA Zip Code 23112	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nicole Lynch	Transaction ID: SB21B-2091 Date of Disbursement 12 / 08 / 2010
	Mailing Address 7 Avenue A, 2nd Floor	Amount of Each Disbursement this Period 87.42
	City New York State NY Zip Code 10009	
	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) Nicole Lynch	Transaction ID: SB21B-2092 Date of Disbursement 12 / 08 / 2010
	Mailing Address 7 Avenue A, 2nd Floor	Amount of Each Disbursement this Period 800.00
	City New York State NY Zip Code 10009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1587.42

**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) Julianna Manzi	Transaction ID: SB21B-2093 Date of Disbursement 12 / 08 / 2010
	Mailing Address 60 West 66th Street, Apt 17F	Amount of Each Disbursement this Period 600.00
	City New York State NY Zip Code 10023	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matthew McGrath	Transaction ID: SB21B-2094 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1860 North Scott Street, Apt 240	Amount of Each Disbursement this Period 37.65
	City Arlington State VA Zip Code 22209	
	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) Matthew McGrath	Transaction ID: SB21B-2095 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1860 North Scott Street, Apt 240	Amount of Each Disbursement this Period 145.53
	City Arlington State VA Zip Code 22209	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>783.18</b>
<b>TOTAL</b> 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) Matthew McGrath	Transaction ID: SB21B-2096 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1860 North Scott Street, Apt 240	Amount of Each Disbursement this Period 77.12
	City Arlington State VA Zip Code 22209	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matthew McGrath	Transaction ID: SB21B-2097 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1860 North Scott Street, Apt 240	Amount of Each Disbursement this Period 22.50
	City Arlington State VA Zip Code 22209	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Matthew McGrath	Transaction ID: SB21B-2098 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1860 North Scott Street, Apt 240	Amount of Each Disbursement this Period 271.58
	City Arlington State VA Zip Code 22209	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>371.20</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</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><b>Transaction ID:</b> SB21B-2099 <b>Date of Disbursement</b> 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 34.64</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2100 <b>Date of Disbursement</b> 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matthew McGrath</p> <p>Mailing Address 1860 North Scott Street, Apt 240</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2101 <b>Date of Disbursement</b> 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 201.30</p>

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

265.94

**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) Kerry McNellis	Transaction ID: SB21B-2102 Date of Disbursement 12 / 08 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 15.50
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2103 Date of Disbursement 12 / 08 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 700.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANDREA MOKROS	Transaction ID: SB21B-2104 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2922 ALDRICH AVENUE S, #515	Amount of Each Disbursement this Period 59.01
	City MINNEAPOLIS State MN Zip Code 55408	
	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) ..... ▶

774.51

**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) ANDREA MOKROS	Transaction ID: SB21B-2105 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2922 ALDRICH AVENUE S, #515	Amount of Each Disbursement this Period 16.00
	City MINNEAPOLIS State MN Zip Code 55408	
	Purpose of Disbursement Airline Baggage Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ANDREA MOKROS	Transaction ID: SB21B-2106 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2922 ALDRICH AVENUE S, #515	Amount of Each Disbursement this Period 161.28
	City MINNEAPOLIS State MN Zip Code 55408	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANDREA MOKROS	Transaction ID: SB21B-2107 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2922 ALDRICH AVENUE S, #515	Amount of Each Disbursement this Period 153.47
	City MINNEAPOLIS State MN Zip Code 55408	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>330.75</b>
<b>TOTAL</b> 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) ANDREA MOKROS	Transaction ID: SB21B-2108 Date of Disbursement 12 / 08 / 2010
	Mailing Address 2922 ALDRICH AVENUE S, #515	Amount of Each Disbursement this Period 600.00
	City MINNEAPOLIS State MN Zip Code 55408	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-2109 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 500.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-2110 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 500.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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) PETER NEWELL	Transaction ID: SB21B-2111 Date of Disbursement																			
	Mailing Address 2401 Calvert Street, NW, Apt 924	<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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	1	0												
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Expense	<table border="1"><tr><td>29.09</td></tr></table>	29.09																		
29.09																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) PETER NEWELL	Transaction ID: SB21B-2112 Date of Disbursement																			
	Mailing Address 2401 Calvert Street, NW, Apt 924	<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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	1	0												
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<table border="1"><tr><td>325.90</td></tr></table>	325.90																		
325.90																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Michael O'Mary	Transaction ID: SB21B-2113 Date of Disbursement																			
	Mailing Address 65 W. 70th Street, Apt 2E	<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>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	1	0												
	City New York State NY Zip Code 10023	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<table border="1"><tr><td>600.00</td></tr></table>	600.00																		
600.00																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>954.99</td></tr></table>	954.99
954.99		
<b>TOTAL</b> 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)  
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) JENNIFER POLENZANI	Transaction ID: SB21B-2114 Date of Disbursement
	Mailing Address 7918 ELECTRA DRIVE	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LOS ANGELES State CA Zip Code 90046	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="135.94"/>
	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-2115 Date of Disbursement
	Mailing Address 7918 ELECTRA DRIVE	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LOS ANGELES State CA Zip Code 90046	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="8.99"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) JENNIFER POLENZANI	Transaction ID: SB21B-2116 Date of Disbursement
	Mailing Address 7918 ELECTRA DRIVE	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LOS ANGELES State CA Zip Code 90046	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="157.41"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="302.34"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jamal Pope</p> <p>Mailing Address 652 F Street, NE, Apt 3</p> <p>City Washington State DC Zip Code 20002</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2117</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.68"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jamal Pope</p> <p>Mailing Address 652 F Street, NE, Apt 3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2118</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jamal Pope</p> <p>Mailing Address 652 F Street, NE, Apt 3</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-2119</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="242.82"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="332.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Garth Spencer	Transaction ID: SB21B-2120 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1150 K Street, NW, #1007	Amount of Each Disbursement this Period 201.30
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Garth Spencer	Transaction ID: SB21B-2121 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1150 K Street, NW, #1007	Amount of Each Disbursement this Period 125.44
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Duncan Teater	Transaction ID: SB21B-2122 Date of Disbursement 12 / 08 / 2010
	Mailing Address 1545 3rd Street, NW	Amount of Each Disbursement this Period 8.90
	City Washington State DC Zip Code 20001	
	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) ▼

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

**335.64**

**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) Duncan Teater <hr/> Mailing Address 1545 3rd Street, NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> 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-2123 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 4.00
B.	Full Name (Last, First, Middle Initial) Duncan Teater <hr/> Mailing Address 1545 3rd Street, NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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-2124 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 29.12
C.	Full Name (Last, First, Middle Initial) Lauren Thorbjornsen <hr/> Mailing Address 2480 16th Street, NW, Apt 745 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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-2125 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 30.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	63.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lauren Thorbjornsen</p> <p>Mailing Address 2480 16th Street, NW, Apt 745</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2126</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 390.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Katherine Young</p> <p>Mailing Address 506 M Street, NW, Apt B</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2127</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 43.61</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kirk T. Hanlin</p> <p>Mailing Address 1276 N Wayne Street, #321</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2128</p> <p>Date of Disbursement 12 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 212.16</p>

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

646.27

**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)

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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) John Toohey	Transaction ID: SB21B-2129 Date of Disbursement 12 / 08 / 2010
	Mailing Address 15 Cranston Street, Apt C	Amount of Each Disbursement this Period 123.42
	City Boston State MA Zip Code 02130	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALEX BAKER	Transaction ID: SB21B-2130 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1474 Columbia Rd., NW, Apt 311	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Click	Transaction ID: SB21B-2131 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1915 17th Street, NW	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1523.42
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2132</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.01"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2133</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW, Apt B</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-2134</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="336.00"/></p>

**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) JAMES DENBO	Transaction ID: SB21B-2135 Date of Disbursement 12 / 09 / 2010
	Mailing Address 6006 Overlea Road	Amount of Each Disbursement this Period 800.00
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Monique Dorsainvil	Transaction ID: SB21B-2136 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1204 Lamont Street, NW	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-2137 Date of Disbursement 12 / 09 / 2010
	Mailing Address 134 Oxford Drive	Amount of Each Disbursement this Period 800.00
	City Tenafly State NJ Zip Code 07670	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2400.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Amy Greene</p> <p>Mailing Address 1091 Clubhouse Drive</p> <p>City Lake Isabella State MI Zip Code 48893</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><b>Transaction ID:</b> SB21B-2138</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 70.68</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amy Greene</p> <p>Mailing Address 1091 Clubhouse Drive</p> <p>City Lake Isabella State MI Zip Code 48893</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2139</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 12.65</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Amy Greene</p> <p>Mailing Address 1091 Clubhouse Drive</p> <p>City Lake Isabella State MI Zip Code 48893</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2140</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 199.65</p>

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

**282.98**

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Monica Lee</p> <p>Mailing Address 8618 Modesto Court</p> <p>City Indianapolis State IN Zip Code 46278</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2141</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jesse Lewin</p> <p>Mailing Address 3100 N Street, NW, #3</p> <p>City Washington State DC Zip Code 20007</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><b>Transaction ID:</b> SB21B-2142</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 132.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jesse Lewin</p> <p>Mailing Address 3100 N Street, NW, #3</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2143</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 448.00</p>

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

1380.00

**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) Nicole Lynch	Transaction ID: SB21B-2144 Date of Disbursement 12 / 09 / 2010
	Mailing Address 7 Avenue A, 2nd Floor	Amount of Each Disbursement this Period 800.00
	City New York State NY Zip Code 10009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael McSwain	Transaction ID: SB21B-2145 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1427 College Avenue	Amount of Each Disbursement this Period 50.00
	City Shelby State NC Zip Code 28152	
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael McSwain	Transaction ID: SB21B-2146 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1427 College Avenue	Amount of Each Disbursement this Period 800.00
	City Shelby State NC Zip Code 28152	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1650.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2147</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.77"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2148</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-2149</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="861.77"/></p>
<p><b>TOTAL</b> 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) Julia Moseley	Transaction ID: SB21B-2150 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1245 13th Street, NW, #514	Amount of Each Disbursement this Period 183.53
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Julia Moseley	Transaction ID: SB21B-2151 Date of Disbursement 12 / 09 / 2010
	Mailing Address 1245 13th Street, NW, #514	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathleen Nowak	Transaction ID: SB21B-2152 Date of Disbursement 12 / 09 / 2010
	Mailing Address 909 New Jersey Avenue, SE, #507	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>651.53</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Kathleen Nowak</p> <p>Mailing Address 909 New Jersey Avenue, SE, #507</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2153 <b>Date of Disbursement</b> 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brendan Olsen</p> <p>Mailing Address 20 Baltic Avenue</p> <p>City North Easton State MA Zip Code 02356</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2154 <b>Date of Disbursement</b> 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Emily Petty</p> <p>Mailing Address 811 4th Street, NW, #601</p> <p>City Washington State DC Zip Code 20001</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><b>Transaction ID:</b> SB21B-2155 <b>Date of Disbursement</b> 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 48.86</p>

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

1548.86

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

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

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

FOR LINE NUMBER: (check only one)

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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) Emily Petty	Transaction ID: SB21B-2156 Date of Disbursement 12 / 09 / 2010
	Mailing Address 811 4th Street, NW, #601	Amount of Each Disbursement this Period 448.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATHEWS PIERSON	Transaction ID: SB21B-2157 Date of Disbursement 12 / 09 / 2010
	Mailing Address 70 I Street, SE, #713	Amount of Each Disbursement this Period 42.77
	City Washington State DC Zip Code 20003	
	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) MATHEWS PIERSON	Transaction ID: SB21B-2158 Date of Disbursement 12 / 09 / 2010
	Mailing Address 70 I Street, SE, #713	Amount of Each Disbursement this Period 800.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1290.77
<b>TOTAL</b> 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) Elisabeth Reiter	Transaction ID: SB21B-2159 Date of Disbursement 12 / 09 / 2010
	Mailing Address 5 16th Street, NE	Amount of Each Disbursement this Period 30.60
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elisabeth Reiter	Transaction ID: SB21B-2160 Date of Disbursement 12 / 09 / 2010
	Mailing Address 5 16th Street, NE	Amount of Each Disbursement this Period 392.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2161 Date of Disbursement 12 / 09 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 102.38
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>524.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2162
	Mailing Address 147 D Street, SE	Date of Disbursement 12 / 09 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) TIMOTHY SNEED	Transaction ID: SB21B-2163
	Mailing Address 101 S. WHITING STREET, #808	Date of Disbursement 12 / 09 / 2010
	City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period 102.23
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) TIMOTHY SNEED	Transaction ID: SB21B-2164
	Mailing Address 101 S. WHITING STREET, #808	Date of Disbursement 12 / 09 / 2010
	City ALEXANDRIA State VA Zip Code 22304	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1602.23
<b>TOTAL</b> 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) Avra Stackpole	Transaction ID: SB21B-2165 Date of Disbursement 12 / 09 / 2010
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 25.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Avra Stackpole	Transaction ID: SB21B-2166 Date of Disbursement 12 / 09 / 2010
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 800.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Maju Varghese	Transaction ID: SB21B-2167 Date of Disbursement 12 / 09 / 2010
	Mailing Address 70-60 260th Street	Amount of Each Disbursement this Period 700.00
	City Glen Oaks State NY Zip Code 11004	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1525.00
<b>TOTAL</b> 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)  
David Wilcox

Transaction ID: SB21B-2168  
Date of Disbursement

Mailing Address 2062 Tecumseh Road

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

City State Zip Code  
Manhattan KS 66502

Amount of Each Disbursement this Period

Purpose of Disbursement  
Events-Site Supplies

31.05
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
David Wilcox

Transaction ID: SB21B-2169  
Date of Disbursement

Mailing Address 2062 Tecumseh Road

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

City State Zip Code  
Manhattan KS 66502

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Expense

67.09
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
David Wilcox

Transaction ID: SB21B-2170  
Date of Disbursement

Mailing Address 2062 Tecumseh Road

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

City State Zip Code  
Manhattan KS 66502

Amount of Each Disbursement this Period

Purpose of Disbursement  
Airline Baggage Fees

50.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

148.14
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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)

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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><b>A.</b> Full Name (Last, First, Middle Initial) David Wilcox</p> <p>Mailing Address 2062 Tecumseh Road</p> <p>City Manhattan State KS Zip Code 66502</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2171</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANDREW BALLARD</p> <p>Mailing Address 210 M Street, SW</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2172</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DESIREE BARNES</p> <p>Mailing Address 199 Lorifield Drive</p> <p>City Amherst State NY Zip Code 14226</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2173</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

**2100.00**

**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><b>A.</b> Full Name (Last, First, Middle Initial) Stephen Barrows</p> <p>Mailing Address 909 at Capitol Yards 909 New Jersey Ave., SE, #1201</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2174 <b>Date of Disbursement</b> 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary Baskerville</p> <p>Mailing Address 6656 Corner Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-2175 <b>Date of Disbursement</b> 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 38.31</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mary Baskerville</p> <p>Mailing Address 6656 Corner Lane</p> <p>City McLean State VA Zip Code 22101</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><b>Transaction ID:</b> SB21B-2176 <b>Date of Disbursement</b> 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 4.00</p>

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

842.31

**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) Mary Baskerville	Transaction ID: SB21B-2177 Date of Disbursement 12 / 13 / 2010
	Mailing Address 6656 Corner Lane	Amount of Each Disbursement this Period 800.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BRADLEY BECNEL	Transaction ID: SB21B-2178 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1133 14th Street, NW, Unit 509	Amount of Each Disbursement this Period 568.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nicole Black	Transaction ID: SB21B-2179 Date of Disbursement 12 / 13 / 2010
	Mailing Address 6424 Fairbanks Street	Amount of Each Disbursement this Period 700.00
	City New Carrollton State MD Zip Code 20784	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2068.00
<b>TOTAL</b> 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</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><b>Transaction ID:</b> SB21B-2180</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 39.48</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2181</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Miriam S. Briskman</p> <p>Mailing Address 1209 7th Street, NW, Apt 303</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2182</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

**764.48**

**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><b>A.</b> Full Name (Last, First, Middle Initial) Aimee Jasculca</p> <p>Mailing Address 808 Columbus Ave., Apt 22A</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2183</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Katherine Lillie</p> <p>Mailing Address 1840 13th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2184</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 568.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-2185</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 68.80</p>

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

1436.80

**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><b>A.</b> Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2186</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2187</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 568.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carly Montoya</p> <p>Mailing Address 1330 South Fair Street, Apt 302</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2188</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 568.00</p>

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

1186.00

**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) Jaime Moore  Mailing Address 1451 Walz Avenue  City State Zip Code Glenwood Springs CO 81601  Purpose of Disbursement Travel & Subsistence Expense Reimb  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2189 Date of Disbursement 12 / 13 / 2010  Amount of Each Disbursement this Period 800.00
B.	Full Name (Last, First, Middle Initial) SARAH MOSS  Mailing Address 550 E. 12TH AVENUE #501  City State Zip Code Denver CO 80203  Purpose of Disbursement Events-Site Supplies  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-2190 Date of Disbursement 12 / 13 / 2010  Amount of Each Disbursement this Period 67.39
C.	Full Name (Last, First, Middle Initial) SARAH MOSS  Mailing Address 550 E. 12TH AVENUE #501  City State Zip Code Denver CO 80203  Purpose of Disbursement Travel Expense  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2191 Date of Disbursement 12 / 13 / 2010  Amount of Each Disbursement this Period 41.30

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

908.69

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) SARAH MOSS</p> <p>Mailing Address 550 E. 12TH AVENUE #501</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2192</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I Street, SE, #713</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2193</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 6.24</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MATHEWS PIERSON</p> <p>Mailing Address 70 I Street, SE, #713</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2194</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

1506.24

**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) Evelyn Marie Prentice <hr/> Mailing Address 634 Kling Street, Apt A <hr/> City Akron State OH Zip Code 44311 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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-2195 Date of Disbursement 12 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 74.00
B.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice <hr/> Mailing Address 634 Kling Street, Apt A <hr/> City Akron State OH Zip Code 44311 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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-2196 Date of Disbursement 12 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 800.00
C.	Full Name (Last, First, Middle Initial) Natalie Reese <hr/> Mailing Address 2930 Newark Street, NW <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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-2197 Date of Disbursement 12 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 800.00

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

1674.00

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) Angela Tennison	Transaction ID: SB21B-2198 Date of Disbursement																			
	Mailing Address 1807 8th Street, NW, Apt 2	<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>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Events-Site Supplies	<table border="1"><tr><td>26.84</td></tr></table>	26.84																		
26.84																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Angela Tennison	Transaction ID: SB21B-2199 Date of Disbursement																			
	Mailing Address 1807 8th Street, NW, Apt 2	<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>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Expense	<table border="1"><tr><td>18.00</td></tr></table>	18.00																		
18.00																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Angela Tennison	Transaction ID: SB21B-2200 Date of Disbursement																			
	Mailing Address 1807 8th Street, NW, Apt 2	<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>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airline Baggage Fees	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

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

94.84
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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)

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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) Angela Tennon	Transaction ID: SB21B-2201 Date of Disbursement 12 / 13 / 2010
	Mailing Address 1807 8th Street, NW, Apt 2	Amount of Each Disbursement this Period 568.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2202 Date of Disbursement 12 / 13 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 700.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALEX BAKER	Transaction ID: SB21B-2203 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1474 Columbia Rd., NW, Apt 311	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1318.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) ALEX BAKER</p> <p>Mailing Address 1474 Columbia Rd., NW, Apt 311</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2204</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nicole Black</p> <p>Mailing Address 6424 Fairbanks Street</p> <p>City New Carrollton State MD Zip Code 20784</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><b>Transaction ID:</b> SB21B-2205</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 35.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicole Black</p> <p>Mailing Address 6424 Fairbanks Street</p> <p>City New Carrollton State MD Zip Code 20784</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2206</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

785.00

**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) Nicole Black	Transaction ID: SB21B-2207 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6424 Fairbanks Street	Amount of Each Disbursement this Period 700.00
	City New Carrollton State MD Zip Code 20784	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Miriam S. Briskman	Transaction ID: SB21B-2208 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 85.00
	City Washington State DC Zip Code 20001	
	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) Miriam S. Briskman	Transaction ID: SB21B-2209 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1209 7th Street, NW, Apt 303	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1485.00
<b>TOTAL</b> 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) Anna Brower	Transaction ID: SB21B-2210 Date of Disbursement
	Mailing Address 1255 Severn Court	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ann Arbor State MI Zip Code 48105	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="42.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Anna Brower	Transaction ID: SB21B-2211 Date of Disbursement
	Mailing Address 1255 Severn Court	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ann Arbor State MI Zip Code 48105	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="25.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Anna Brower	Transaction ID: SB21B-2212 Date of Disbursement
	Mailing Address 1255 Severn Court	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ann Arbor State MI Zip Code 48105	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="700.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="767.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Matthew Cavanaugh	Transaction ID: SB21B-2213 Date of Disbursement 12 / 14 / 2010
	Mailing Address 3417 N. Seeley Ave., Unit 1F	Amount of Each Disbursement this Period 42.16
	City Chicago State IL Zip Code 60618	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chynna Clayton	Transaction ID: SB21B-2214 Date of Disbursement 12 / 14 / 2010
	Mailing Address 5041 Suitland Road	Amount of Each Disbursement this Period 20.10
	City Suitland State MD Zip Code 20746	
	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) Chynna Clayton	Transaction ID: SB21B-2215 Date of Disbursement 12 / 14 / 2010
	Mailing Address 5041 Suitland Road	Amount of Each Disbursement this Period 50.00
	City Suitland State MD Zip Code 20746	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	112.26
<b>TOTAL</b> 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) Chynna Clayton	Transaction ID: SB21B-2216 Date of Disbursement 12 / 14 / 2010
	Mailing Address 5041 Suitland Road	Amount of Each Disbursement this Period 700.00
	City Suitland State MD Zip Code 20746	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NORA COHEN	Transaction ID: SB21B-2217 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 34.35
	City Washington State DC Zip Code 20010	
	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) NORA COHEN	Transaction ID: SB21B-2218 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1650 Park Road, NW, Apt B	Amount of Each Disbursement this Period 396.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1130.35
<b>TOTAL</b> 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) HANNAH EDWARDS	Transaction ID: SB21B-2219 Date of Disbursement																			
	Mailing Address 432 10th Street, NE	<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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Expense	<table border="1"><tr><td>36.00</td></tr></table>	36.00																		
36.00																					
	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) ▼																			

B.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-2220 Date of Disbursement																			
	Mailing Address 432 10th Street, NE	<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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Train Travel	<table border="1"><tr><td>21.00</td></tr></table>	21.00																		
21.00																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-2221 Date of Disbursement																			
	Mailing Address 432 10th Street, NE	<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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	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) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>557.00</td></tr></table>	557.00
557.00		
<b>TOTAL</b> 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)  
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-2222 Date of Disbursement																			
	Mailing Address 134 Oxford Drive	<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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
	City Tenafly State NJ Zip Code 07670	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Expense	<table border="1"><tr><td>70.00</td></tr></table>	70.00																		
70.00																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-2223 Date of Disbursement																			
	Mailing Address 134 Oxford Drive	<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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
	City Tenafly State NJ Zip Code 07670	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<table border="1"><tr><td>700.00</td></tr></table>	700.00																		
700.00																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Kathryn Hinterlong	Transaction ID: SB21B-2224 Date of Disbursement																			
	Mailing Address 3920 N. Sheridan Road, #508	<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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
	City Chicago State IL Zip Code 60613	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Events-Site Supplies	<table border="1"><tr><td>32.89</td></tr></table>	32.89																		
32.89																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>802.89</td></tr></table>	802.89
802.89		
<b>TOTAL</b> 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)  
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Hinterlong <hr/> Mailing Address 3920 N. Sheridan Road, #508 <hr/> City Chicago State IL Zip Code 60613 <hr/> Purpose of Disbursement Travel Expense 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) ▼	<b>Transaction ID:</b> SB21B-2225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 44.81
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Kristen Jarvis <hr/> Mailing Address 1100 6th Street, SW, Apt 315 <hr/> City Washington State DC Zip Code 20024 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb 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) ▼	<b>Transaction ID:</b> SB21B-2226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Aimee Jasculca <hr/> Mailing Address 808 Columbus Ave., Apt 22A <hr/> City New York State NY Zip Code 10025 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb 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) ▼	<b>Transaction ID:</b> SB21B-2227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 700.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	944.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	944.81

# 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) Kerstin Smith	Transaction ID: SB21B-2228 Date of Disbursement
	Mailing Address 105 Fountainview Lane, Unit 3B	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Lombard State IL Zip Code 60148	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="88.83"/>
	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) Kerstin Smith	Transaction ID: SB21B-2229 Date of Disbursement
	Mailing Address 105 Fountainview Lane, Unit 3B	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Lombard State IL Zip Code 60148	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="50.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Kerstin Smith	Transaction ID: SB21B-2230 Date of Disbursement
	Mailing Address 105 Fountainview Lane, Unit 3B	<input type="text" value="12"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Lombard State IL Zip Code 60148	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="500.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="638.83"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brandon Lepow	Transaction ID: SB21B-2231 Date of Disbursement
	Mailing Address 2401 Calvert St., NW, Apt. 509	<input type="text" value="12"/> <input type="text" value="14"/> <input type="text" value="2010"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="69.97"/>
	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) Brandon Lepow	Transaction ID: SB21B-2232 Date of Disbursement
	Mailing Address 2401 Calvert St., NW, Apt. 509	<input type="text" value="12"/> <input type="text" value="14"/> <input type="text" value="2010"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="330.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2233 Date of Disbursement
	Mailing Address 6 Dover Court	<input type="text" value="12"/> <input type="text" value="14"/> <input type="text" value="2010"/>
	City San Carlos State CA Zip Code 94070	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="500.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="899.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2234 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 300.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2235 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 600.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2236 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 72.42
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	972.42
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-2237 Date of Disbursement 12 / 14 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 600.00
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Katherine Nowak	Transaction ID: SB21B-2238 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10918 Rim Road	Amount of Each Disbursement this Period 22.20
	City Escondido State CA Zip Code 92026	
	Purpose of Disbursement Events-Site Supplies 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) Katherine Nowak	Transaction ID: SB21B-2239 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10918 Rim Road	Amount of Each Disbursement this Period 700.00
	City Escondido State CA Zip Code 92026	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1322.20
<b>TOTAL</b> 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) Brendan Olsen	Transaction ID: SB21B-2240 Date of Disbursement 12 / 14 / 2010
	Mailing Address 20 Baltic Avenue	Amount of Each Disbursement this Period 400.00
	City North Easton State MA Zip Code 02356	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Michael O'Mary	Transaction ID: SB21B-2241 Date of Disbursement 12 / 14 / 2010
	Mailing Address 65 W. 70th Street, Apt 2E	Amount of Each Disbursement this Period 600.00
	City New York State NY Zip Code 10023	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2242 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 74.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1074.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2243 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 600.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2244 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 156.88
	City North Bethesda State MD Zip Code 20852	
	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) Catherine Pallenik	Transaction ID: SB21B-2245 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 35.50
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

792.38

**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) Catherine Pallenik	Transaction ID: SB21B-2246 Date of Disbursement MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 28.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2247 Date of Disbursement MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 65.00
	City North Bethesda State MD Zip Code 20852	
	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) Catherine Pallenik	Transaction ID: SB21B-2248 Date of Disbursement MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 25.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>118.00</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2249</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-2250</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 43.19</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</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><b>Transaction ID:</b> SB21B-2251</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 253.68</p>

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

**896.87**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2252 Date of Disbursement MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 396.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2253 Date of Disbursement MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 70.00
	City North Bethesda State MD Zip Code 20852	
	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) Catherine Pallenik	Transaction ID: SB21B-2254 Date of Disbursement MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 330.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	796.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2255 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 75.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2256 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 700.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2257 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 6.80
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>781.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2258 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 25.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2259 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 400.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-2260 Date of Disbursement 12 / 14 / 2010
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 20.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	445.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Catherine Pallenik</p> <p>Mailing Address 10401 Grosvenor Place, Apt 420</p> <p>City North Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2261</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paul Schnaitter</p> <p>Mailing Address 7192 Parkland Street, #102</p> <p>City Broomfield State CO Zip Code 80021</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2262</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan Sher</p> <p>Mailing Address 3303 Water Street, NW, #7B</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2263</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin</p> <p>Mailing Address 64 Sullivan Street, #3</p> <p>City Charlestown State MA Zip Code 02129</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2264</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Gluntz Skarin</p> <p>Mailing Address 64 Sullivan Street, #3</p> <p>City Charlestown State MA Zip Code 02129</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2265</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ali Sutton</p> <p>Mailing Address 1422 11th Street, NW, Apt 2</p> <p>City Washington State DC Zip Code 20001</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><b>Transaction ID:</b> SB21B-2266</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 125.00</p>

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

**875.00**

**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) Ali Sutton	Transaction ID: SB21B-2267 Date of Disbursement 12 / 14 / 2010
	Mailing Address 1422 11th Street, NW, Apt 2	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Susan Watson	Transaction ID: SB21B-2268 Date of Disbursement 12 / 14 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 40.12
	City Mount Vernon State IL Zip Code 62864	
	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) Susan Watson	Transaction ID: SB21B-2269 Date of Disbursement 12 / 14 / 2010
	Mailing Address 16362 North Hawthorne Lane	Amount of Each Disbursement this Period 25.00
	City Mount Vernon State IL Zip Code 62864	
	Purpose of Disbursement Airline Baggage Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>765.12</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Susan Watson</p> <p>Mailing Address 16362 North Hawthorne Lane</p> <p>City Mount Vernon State IL Zip Code 62864</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2270</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Wilcox</p> <p>Mailing Address 2062 Tecumseh Road</p> <p>City Manhattan State KS Zip Code 66502</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><b>Transaction ID:</b> SB21B-2271</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 85.05</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Wilcox</p> <p>Mailing Address 2062 Tecumseh Road</p> <p>City Manhattan State KS Zip Code 66502</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2272</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

1485.05

**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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jessica Basset</p> <p>Mailing Address 406 Orwood Place</p> <p>City Syracuse State NY Zip Code 13208</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><b>Transaction ID:</b> SB21B-2273</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 86.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jessica Basset</p> <p>Mailing Address 406 Orwood Place</p> <p>City Syracuse State NY Zip Code 13208</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2274</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jessica Basset</p> <p>Mailing Address 406 Orwood Place</p> <p>City Syracuse State NY Zip Code 13208</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2275</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 900.00</p>

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

1036.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brooke Joseph</p> <p>Mailing Address 1589 Brandywine Road</p> <p>City San Mateo State CA Zip Code 94402</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2276</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LISA J KOHNKE</p> <p>Mailing Address 1210 Massachusetts Ave., NW Apt 1211</p> <p>City Washington State DC Zip Code 20005</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><b>Transaction ID:</b> SB21B-2277</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 109.90</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LISA J KOHNKE</p> <p>Mailing Address 1210 Massachusetts Ave., NW Apt 1211</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2278</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 87.00</p>

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

796.90

**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) LISA J KOHNKE	Transaction ID: SB21B-2279 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1210 Massachusetts Ave., NW Apt 1211	Amount of Each Disbursement this Period 600.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2280 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 50.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	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) DURWIN LAIRY	Transaction ID: SB21B-2281 Date of Disbursement 12 / 15 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 800.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1450.00
<b>TOTAL</b> 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) Allison O'Brien	Transaction ID: SB21B-2282 Date of Disbursement 12 / 15 / 2010
	Mailing Address 3120 R Street, NW, Apt 107	Amount of Each Disbursement this Period 16.04
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Events-Site Supplies	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) Allison O'Brien	Transaction ID: SB21B-2283 Date of Disbursement 12 / 15 / 2010
	Mailing Address 3120 R Street, NW, Apt 107	Amount of Each Disbursement this Period 142.93
	City Washington State DC Zip Code 20007	
	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) Allison O'Brien	Transaction ID: SB21B-2284 Date of Disbursement 12 / 15 / 2010
	Mailing Address 3120 R Street, NW, Apt 107	Amount of Each Disbursement this Period 52.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Airline Baggage Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	210.97
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Allison O'Brien</p> <p>Mailing Address 3120 R Street, NW, Apt 107</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2285 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JESSE J ROSEN</p> <p>Mailing Address 1045 W. County Line Road</p> <p>City Bayside State WI Zip Code 53217</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><b>Transaction ID:</b> SB21B-2286 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 263.13</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JESSE J ROSEN</p> <p>Mailing Address 1045 W. County Line Road</p> <p>City Bayside State WI Zip Code 53217</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2287 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

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

1663.13

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ethan Rosenzweig <hr/> Mailing Address 1301 Clifton Road NE <hr/> City Atlanta State GA Zip Code 30322 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2288 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ethan Rosenzweig <hr/> Mailing Address 1301 Clifton Road NE <hr/> City Atlanta State GA Zip Code 30322 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2289 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 700.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ethan Rosenzweig <hr/> Mailing Address 1301 Clifton Road NE <hr/> City Atlanta State GA Zip Code 30322 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2290 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 336.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1536.00

**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) Ethan Rosenzweig	Transaction ID: SB21B-2291 Date of Disbursement
	Mailing Address 1301 Clifton Road NE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Atlanta State GA Zip Code 30322	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="330.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Ethan Rosenzweig	Transaction ID: SB21B-2292 Date of Disbursement
	Mailing Address 1301 Clifton Road NE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Atlanta State GA Zip Code 30322	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="336.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) PETER A SELFRIDGE	Transaction ID: SB21B-2293 Date of Disbursement
	Mailing Address 1414 Belmont St., NW, Apt 301	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="25.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="691.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PETER A SELFRIDGE</p> <p>Mailing Address 1414 Belmont St., NW, Apt 301</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2294 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 132.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Roy Sherman</p> <p>Mailing Address 1020 SE 5th Avenue</p> <p>City Pompano Beach State FL Zip Code 33060</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><b>Transaction ID:</b> SB21B-2295 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 44.48</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Roy Sherman</p> <p>Mailing Address 1020 SE 5th Avenue</p> <p>City Pompano Beach State FL Zip Code 33060</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2296 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

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

776.48

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Roy Sherman  Mailing Address 1020 SE 5th Avenue  City Pompano Beach State FL Zip Code 33060  Purpose of Disbursement Travel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-2297 <b>Date of Disbursement</b> 12 / 15 / 2010  Amount of Each Disbursement this Period 143.50
<b>B.</b>	Full Name (Last, First, Middle Initial) Roy Sherman  Mailing Address 1020 SE 5th Avenue  City Pompano Beach State FL Zip Code 33060  Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-2298 <b>Date of Disbursement</b> 12 / 15 / 2010  Amount of Each Disbursement this Period 426.00
<b>C.</b>	Full Name (Last, First, Middle Initial) LISA SOHN  Mailing Address 3400 Sacramento Street, Apt 6  City San Francisco State CA Zip Code 94118  Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-2299 <b>Date of Disbursement</b> 12 / 15 / 2010  Amount of Each Disbursement this Period 100.00

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

**669.50**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</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><b>Transaction ID:</b> SB21B-2300</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 119.21</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Benjamin Solomon</p> <p>Mailing Address 14 Black Birch Road</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2301</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY TATE</p> <p>Mailing Address 1216 7th St., NW, Apt 101</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2302</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

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

1219.21

**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) Candace Wint	Transaction ID: SB21B-2303 Date of Disbursement																			
	Mailing Address 3808 Milan Drive, Apt B	<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>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	1	0												
	City Alexandria State VA Zip Code 22305	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Events-Site Supplies	<table border="1"><tr><td>55.77</td></tr></table>	55.77																		
55.77																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Candace Wint	Transaction ID: SB21B-2304 Date of Disbursement																			
	Mailing Address 3808 Milan Drive, Apt B	<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>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	1	0												
	City Alexandria State VA Zip Code 22305	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Expense	<table border="1"><tr><td>158.69</td></tr></table>	158.69																		
158.69																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Candace Wint	Transaction ID: SB21B-2305 Date of Disbursement																			
	Mailing Address 3808 Milan Drive, Apt B	<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>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	1	0												
	City Alexandria State VA Zip Code 22305	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airline Baggage Fees	<table border="1"><tr><td>2.00</td></tr></table>	2.00																		
2.00																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

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

**216.46**

**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><b>A.</b> Full Name (Last, First, Middle Initial) Candace Wint</p> <p>Mailing Address 3808 Milan Drive, Apt B</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2306 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>B.</b> 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 Prepaid Expenses</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><b>Transaction ID:</b> SB21B-2509 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 10254.91</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AVIS RENT-A-CAR</p> <p>Mailing Address 2000 Arch Street</p> <p>City Philadelphia State PA Zip Code 19103</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2509-10000 <b>Date of Disbursement</b> 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

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

11054.91

**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) Avis Rent-A-Car	Transaction ID: SB21B-2509-20000
	Mailing Address 19601 Maplewood Avenue	Date of Disbursement 12 / 15 / 2010
	City Cleveland State OH Zip Code 44135	Amount of Each Disbursement this Period 2045.58
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-2509-30000
	Mailing Address 213 E RICH STREET	Date of Disbursement 12 / 15 / 2010
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period 1327.00
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-2509-40000
	Mailing Address 202 Porter Street	Date of Disbursement 12 / 15 / 2010
	City East Boston State MA Zip Code 02128	Amount of Each Disbursement this Period 672.50
	Purpose of Disbursement Car Rental	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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) Avis Rent-A-Car	Transaction ID: SB21B-2509-50000 Date of Disbursement 12 / 15 / 2010
	Mailing Address: Miami Intl Airport 2330 NW 37th Avenue	Amount of Each Disbursement this Period 75.00
	City: Miami State: FL Zip Code: 33142	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-2509-60000 Date of Disbursement 12 / 15 / 2010
	Mailing Address: Tweed-New Haven Airport 155 Burr Street	Amount of Each Disbursement this Period 1026.70
	City: New Haven State: CT Zip Code: 06510	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Avis-Rent-A-Car	Transaction ID: SB21B-2509-70000 Date of Disbursement 12 / 15 / 2010
	Mailing Address: Philadelphia Intl Airport 1 Arrivals Road	Amount of Each Disbursement this Period 430.46
	City: Philadelphia State: PA Zip Code: 19153	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 220 / 260

<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-2509-80000 Date of Disbursement
	Mailing Address 7000 NE AIRPORT WAY	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City PORTLAND State OR Zip Code 97218	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="1642.72"/>
	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>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-2509-90000 Date of Disbursement
	Mailing Address 411 Minnesota St	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ST. PAUL State MN Zip Code 55101	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="1352.11"/>
	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>[MEMO ITEM]</b> Memo Entry

C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-2509-100000 Date of Disbursement
	Mailing Address 100 S French Street	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wilmington State DE Zip Code 19801	Amount of Each Disbursement this Period
	Purpose of Disbursement Car Rental	<input type="text" value="1580.59"/>
	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>[MEMO ITEM]</b> Memo Entry

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car Tolls Mailing Address P.O. Box 222209 City State Zip Code Great Neck NY 11022 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2509-110000 Date of Disbursement 12 / 15 / 2010
	Amount of Each Disbursement this Period 27.25 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Heather Bene Mailing Address 19420 SE 205h Street, Apt G65 City State Zip Code Camas WA 98607 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2307 Date of Disbursement 12 / 20 / 2010
	Amount of Each Disbursement this Period 13.99

<b>C.</b> Full Name (Last, First, Middle Initial) Heather Bene Mailing Address 19420 SE 205h Street, Apt G65 City State Zip Code Camas WA 98607 Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2308 Date of Disbursement 12 / 20 / 2010
	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	513.99
<b>TOTAL</b> 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) Heather Bene	Transaction ID: SB21B-2309 Date of Disbursement 12 / 20 / 2010
	Mailing Address 19420 SE 205h Street, Apt G65	Amount of Each Disbursement this Period 80.00
	City Camas State WA Zip Code 98607	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Heather Bene	Transaction ID: SB21B-2310 Date of Disbursement 12 / 20 / 2010
	Mailing Address 19420 SE 205h Street, Apt G65	Amount of Each Disbursement this Period 400.00
	City Camas State WA Zip Code 98607	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-2311 Date of Disbursement 12 / 20 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 53.50
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	533.50
<b>TOTAL</b> 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) ALAN BRAY	Transaction ID: SB21B-2312 Date of Disbursement 12 / 20 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-2313 Date of Disbursement 12 / 20 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JODI DENTON	Transaction ID: SB21B-2314 Date of Disbursement 12 / 20 / 2010
	Mailing Address 2928 Franklin Street	Amount of Each Disbursement this Period 129.76
	City Denver State CO Zip Code 80205	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	679.76
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) JODI DENTON</p> <p>Mailing Address 2928 Franklin Street</p> <p>City Denver State CO Zip Code 80205</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2315</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 46.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JODI DENTON</p> <p>Mailing Address 2928 Franklin Street</p> <p>City Denver State CO Zip Code 80205</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2316</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID GREELISH</p> <p>Mailing Address 69 Galen Street, #5</p> <p>City Watertown State MA Zip Code 02472</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><b>Transaction ID:</b> SB21B-2317</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 55.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>801.00</b>
<b>TOTAL</b> 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-2318 Date of Disbursement 12 / 20 / 2010
	Mailing Address 69 Galen Street, #5	Amount of Each Disbursement this Period 426.00
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2319 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 50.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	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) DURWIN LAIRY	Transaction ID: SB21B-2320 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1006 EAST 11TH STREET	Amount of Each Disbursement this Period 330.00
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	806.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) DURWIN LAIRY <hr/> Mailing Address 1006 EAST 11TH STREET <hr/> City NORTH LITTLE ROCK State AR Zip Code 72114 <hr/> Purpose of Disbursement Travel Expense 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: SB21B-2321 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) DURWIN LAIRY <hr/> Mailing Address 1006 EAST 11TH STREET <hr/> City NORTH LITTLE ROCK State AR Zip Code 72114 <hr/> Purpose of Disbursement Airline Baggage Fees 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: SB21B-2322 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) DURWIN LAIRY <hr/> Mailing Address 1006 EAST 11TH STREET <hr/> City NORTH LITTLE ROCK State AR Zip Code 72114 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb 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: SB21B-2323 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 357.00
	Category/ Type
	Category/ Type

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

**432.00**

**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) DURWIN LAIRY	Transaction ID: SB21B-2324 Date of Disbursement
	Mailing Address 1006 EAST 11TH STREET	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="50.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2325 Date of Disbursement
	Mailing Address 1006 EAST 11TH STREET	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="25.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) DURWIN LAIRY	Transaction ID: SB21B-2326 Date of Disbursement
	Mailing Address 1006 EAST 11TH STREET	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City NORTH LITTLE ROCK State AR Zip Code 72114	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="396.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="471.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>DURWIN LAIRY</b>	<b>Transaction ID:</b> SB21B-2327 Date of Disbursement 12 / 20 / 2010	
	Mailing Address 1006 EAST 11TH STREET		
	City NORTH LITTLE ROCK      State AR      Zip Code 72114	Amount of Each Disbursement this Period	50.00
	Purpose of Disbursement Travel Expense	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>DURWIN LAIRY</b>	<b>Transaction ID:</b> SB21B-2328 Date of Disbursement 12 / 20 / 2010	
	Mailing Address 1006 EAST 11TH STREET		
	City NORTH LITTLE ROCK      State AR      Zip Code 72114	Amount of Each Disbursement this Period	25.00
	Purpose of Disbursement Airline Baggage Fees	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>DURWIN LAIRY</b>	<b>Transaction ID:</b> SB21B-2329 Date of Disbursement 12 / 20 / 2010	
	Mailing Address 1006 EAST 11TH STREET		
	City NORTH LITTLE ROCK      State AR      Zip Code 72114	Amount of Each Disbursement this Period	600.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>675.00</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Nicole Lynch</p> <p>Mailing Address 7 Avenue A, 2nd Floor</p> <p>City New York State NY Zip Code 10009</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2330</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cole Randle</p> <p>Mailing Address 8200 Wisconsin Ave., #1417</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2331</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 120.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cole Randle</p> <p>Mailing Address 8200 Wisconsin Ave., #1417</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</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><b>Transaction ID:</b> SB21B-2332</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

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

544.00

**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) IAN ROSE	Transaction ID: SB21B-2333 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 46.68
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Events-Site Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2334 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 48.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-2335 Date of Disbursement 12 / 20 / 2010
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

119.68

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)  
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p><b>A.</b> Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2336</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 280.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-2337</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2338</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 231.00</p>

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

514.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-2339 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 335.21
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JESSE J ROSEN	Transaction ID: SB21B-2340 Date of Disbursement 12 / 20 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 800.00
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER	Transaction ID: SB21B-2341 Date of Disbursement 12 / 20 / 2010
	Mailing Address 302 Kentucky Avenue SE	Amount of Each Disbursement this Period 10.90
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Events-Site Supplies 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1146.11
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2342 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 41.00
<b>B.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2343 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 600.00
<b>C.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2344 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 34.85

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

**675.85**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2345 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 600.00
<b>B.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2346 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 24.50
<b>C.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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>Transaction ID:</b> SB21B-2347 Date of Disbursement 12 / 20 / 2010	Amount of Each Disbursement this Period 500.00

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

1124.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 302 Kentucky Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2348</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 36.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 302 Kentucky Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2349</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 302 Kentucky Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2350</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 32.00</p>

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

**768.00**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> 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-2351 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 600.00
<b>B.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> 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-2352 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 21.00
<b>C.</b>	Full Name (Last, First, Middle Initial) CATHERINE S. WELKER <hr/> Mailing Address 302 Kentucky Avenue SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> 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-2353 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 25.00

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

**646.00**

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 302 Kentucky Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2354 <b>Date of Disbursement</b> 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 302 Kentucky Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2355 <b>Date of Disbursement</b> 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 101.63</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 302 Kentucky Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2356 <b>Date of Disbursement</b> 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>

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

651.63

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

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

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

FOR LINE NUMBER:  
(check only one)

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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><b>A.</b> Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 302 Kentucky Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2357 <b>Date of Disbursement</b> 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 392.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Edward Allen</p> <p>Mailing Address 1636 N. Fairfax Avenue</p> <p>City Los Angeles State CA Zip Code 90046</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><b>Transaction ID:</b> SB21B-2358 <b>Date of Disbursement</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 12.95</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Edward Allen</p> <p>Mailing Address 1636 N. Fairfax Avenue</p> <p>City Los Angeles State CA Zip Code 90046</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2359 <b>Date of Disbursement</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>904.95</b>
<b>TOTAL</b> 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) HANNAH EDWARDS	Transaction ID: SB21B-2360 Date of Disbursement 12 / 21 / 2010
	Mailing Address 432 10th Street, NE	Amount of Each Disbursement this Period 118.44
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Michael Epstein	Transaction ID: SB21B-2361 Date of Disbursement 12 / 21 / 2010
	Mailing Address 134 Oxford Drive	Amount of Each Disbursement this Period 202.00
	City Tenafly State NJ Zip Code 07670	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Michael Faulman	Transaction ID: SB21B-2362 Date of Disbursement 12 / 21 / 2010
	Mailing Address 6145 Chamonix Court SE	Amount of Each Disbursement this Period 19.36
	City Grand Rapids State MI Zip Code 49546	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	339.80
<b>TOTAL</b> 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

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) Michael Faulman	Transaction ID: SB21B-2363 Date of Disbursement 12 / 21 / 2010
	Mailing Address 6145 Chamonix Court SE	Amount of Each Disbursement this Period 22.00
	City Grand Rapids State MI Zip Code 49546	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Faulman	Transaction ID: SB21B-2364 Date of Disbursement 12 / 21 / 2010
	Mailing Address 6145 Chamonix Court SE	Amount of Each Disbursement this Period 265.54
	City Grand Rapids State MI Zip Code 49546	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-2365 Date of Disbursement 12 / 21 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 110.95
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>398.49</b>
<b>TOTAL</b> 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) HORACIO GUTIERREZ	Transaction ID: SB21B-2366 Date of Disbursement 12 / 21 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 40.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-2367 Date of Disbursement 12 / 21 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 336.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS	Transaction ID: SB21B-2368 Date of Disbursement 12 / 21 / 2010
	Mailing Address 441 10th Street, NE	Amount of Each Disbursement this Period 47.76
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	423.76
<b>TOTAL</b> 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS</p> <p>Mailing Address 441 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2369</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS</p> <p>Mailing Address 441 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2370</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 402.81</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS</p> <p>Mailing Address 441 10th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2371</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>

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

827.81

**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

A.	Full Name (Last, First, Middle Initial) Christina Iskandar	Transaction ID: SB21B-2372 Date of Disbursement 12 / 21 / 2010
	Mailing Address 924 Finnell Way	Amount of Each Disbursement this Period 84.31
	City Placentia State CA Zip Code 92870	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christina Iskandar	Transaction ID: SB21B-2373 Date of Disbursement 12 / 21 / 2010
	Mailing Address 924 Finnell Way	Amount of Each Disbursement this Period 48.00
	City Placentia State CA Zip Code 92870	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Christina Iskandar	Transaction ID: SB21B-2374 Date of Disbursement 12 / 21 / 2010
	Mailing Address 924 Finnell Way	Amount of Each Disbursement this Period 700.00
	City Placentia State CA Zip Code 92870	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>832.31</b>
<b>TOTAL</b> 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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Nicole Lynch</p> <p>Mailing Address 7 Avenue A, 2nd Floor</p> <p>City New York State NY Zip Code 10009</p> <p>Purpose of Disbursement Events-Site Supplies</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><b>Transaction ID:</b> SB21B-2375</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 19.75</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nicole Lynch</p> <p>Mailing Address 7 Avenue A, 2nd Floor</p> <p>City New York State NY Zip Code 10009</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><b>Transaction ID:</b> SB21B-2376</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 61.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Katherine Lyons Hahn</p> <p>Mailing Address 2275 Broadway Street, Apt 208</p> <p>City San Francisco State CA Zip Code 94115</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2377</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 532.50</p>

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

613.25

**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) GREG MAYS	Transaction ID: SB21B-2378 Date of Disbursement 12 / 21 / 2010
	Mailing Address PO BOX 25153	Amount of Each Disbursement this Period 28.20
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GREG MAYS	Transaction ID: SB21B-2379 Date of Disbursement 12 / 21 / 2010
	Mailing Address PO BOX 25153	Amount of Each Disbursement this Period 118.44
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAUL NEAVILLE	Transaction ID: SB21B-2380 Date of Disbursement 12 / 21 / 2010
	Mailing Address 4324 BRANDYWINE STREET, NW	Amount of Each Disbursement this Period 700.00
	City WASHINGTON State DC Zip Code 20016	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>846.64</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Brendan Olsen</p> <p>Mailing Address 20 Baltic Avenue</p> <p>City North Easton State MA Zip Code 02356</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2381</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brendan Olsen</p> <p>Mailing Address 20 Baltic Avenue</p> <p>City North Easton State MA Zip Code 02356</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2382</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Oxtoby</p> <p>Mailing Address 345 N. College Avenue</p> <p>City Claremont State CA Zip Code 91711</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2383</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 603.50</p>

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

1503.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Scott Pollard	Transaction ID: SB21B-2384 Date of Disbursement 12 / 21 / 2010
	Mailing Address 2901 Barton Skyway, #1711	Amount of Each Disbursement this Period 461.50
	City Austin State TX Zip Code 78746	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-2385 Date of Disbursement 12 / 21 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 34.13
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Events-Site Supplies	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-2386 Date of Disbursement 12 / 21 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 23.28
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>518.91</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2387</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bradford A. Simmons</p> <p>Mailing Address 6310 Mossway</p> <p>City Baltimore State MD Zip Code 21212</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><b>Transaction ID:</b> SB21B-2388</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bradford A. Simmons</p> <p>Mailing Address 6310 Mossway</p> <p>City Baltimore State MD Zip Code 21212</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2389</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

**840.00**

**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) Jane Campbell Spencer	Transaction ID: SB21B-2390 Date of Disbursement 12 / 21 / 2010
	Mailing Address 120 6TH STREET, SE	Amount of Each Disbursement this Period 96.08
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Jane Campbell Spencer	Transaction ID: SB21B-2391 Date of Disbursement 12 / 21 / 2010
	Mailing Address 120 6TH STREET, SE	Amount of Each Disbursement this Period 71.04
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel Expense	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Jane Campbell Spencer	Transaction ID: SB21B-2392 Date of Disbursement 12 / 21 / 2010
	Mailing Address 120 6TH STREET, SE	Amount of Each Disbursement this Period 258.46
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Lodging & Catering	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>425.58</b>
<b>TOTAL</b> 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><b>A.</b> 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 Prepaid Expenses</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><b>Transaction ID:</b> SB21B-2508 <b>Date of Disbursement:</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 95710.14</p> <p>See Attached Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car Tolls</p> <p>Mailing Address P.O. Box 222209</p> <p>City Great Neck State NY Zip Code 11022</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2508-10000 <b>Date of Disbursement:</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 8.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 1000 Turnage Blvd</p> <p>City West Palm Beach State FL Zip Code 33406</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2508-20000 <b>Date of Disbursement:</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 232.32</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

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

95710.14

**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) CAESARS HOTEL	Transaction ID: SB21B-2508-30000
	Mailing Address 3555 LAS VEGAS BLVD., S	Date of Disbursement 12 / 21 / 2010
	City LAS VEGAS State NV Zip Code 89109	Amount of Each Disbursement this Period 18743.69
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Crowne Plaza Hotel Englewood	Transaction ID: SB21B-2508-40000
	Mailing Address 401 South Van Brunt St	Date of Disbursement 12 / 21 / 2010
	City Englewood State NJ Zip Code 07631	Amount of Each Disbursement this Period 7451.81
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Fairfield Inn by Marriott	Transaction ID: SB21B-2508-50000
	Mailing Address 11929 NE Airport Way	Date of Disbursement 12 / 21 / 2010
	City Portland State OR Zip Code 97220	Amount of Each Disbursement this Period 445.00
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Hertz Car Rental

Mailing Address Palm Beach Intl Airport  
3175 Belvedere Rd

City West Palm Beach State FL Zip Code 33406

Purpose of Disbursement Car Rental

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-2508-60000  
Date of Disbursement 12 / 21 / 2010

Amount of Each Disbursement this Period 634.87

**[MEMO ITEM]**  
Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
Hertz Rent-A-Car

Mailing Address 2951 Market Street

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement Car Rental

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-2508-70000  
Date of Disbursement 12 / 21 / 2010

Amount of Each Disbursement this Period 204.65

**[MEMO ITEM]**  
Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
Hilton Toledo

Mailing Address 3100 Glendale Avenue

City Toledo State OH Zip Code 43614

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-2508-80000  
Date of Disbursement 12 / 21 / 2010

Amount of Each Disbursement this Period 2197.00

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **0.00**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Holiday Inn University Area

Mailing Address 1901 Emmet Street

City Charlottesville State VA Zip Code 22901

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B-2508-90000  
Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

2887.83

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
InterContinental Chicago

Mailing Address 505 North Michigan Ave

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B-2508-100000  
Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

8523.81

[MEMO ITEM]  
Memo Entry

C.

Full Name (Last, First, Middle Initial)  
Philadelphia Marriott Downtown

Mailing Address 1201 Market Street

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B-2508-110000  
Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

13212.64

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) San Francisco Marriott Marquis  Mailing Address 55 4th Street  City San Francisco State CA Zip Code 94103  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-2508-120000 Date of Disbursement 12 / 21 / 2010  Amount of Each Disbursement this Period -13591.64  <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) Cleveland Marriott Key Center  Mailing Address 127 Public Square  City Cleveland State OH Zip Code 44114  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-2508-130000 Date of Disbursement 12 / 21 / 2010  Amount of Each Disbursement this Period 8183.36  <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) West Palm Beach Marriott  Mailing Address 1001 Okeechobee Blvd  City West Palm Beach State FL Zip Code 33401  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-2508-140000 Date of Disbursement 12 / 21 / 2010  Amount of Each Disbursement this Period 984.00  <b>[MEMO ITEM]</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) SHERATON HOTEL</p> <p>Mailing Address 870 WILLISTON RD</p> <p>City BURLINGTON State VT Zip Code 05403</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2508-150000</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 366.30</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sheraton Philadelphia City Ctr</p> <p>Mailing Address 17th &amp; Race Street</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2508-160000</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 4268.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sheraton Suites Wilmington</p> <p>Mailing Address 422 Delaware Ave</p> <p>City Wilmington State DE Zip Code 19801</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2508-170000</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 109.00</p> <p><b>[MEMO ITEM]</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Liberty Hotel</p> <p>Mailing Address 215 Charles St</p> <p>City Boston State MA Zip Code 02114</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2508-180000 <b>Date of Disbursement</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 13799.68</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Travel Agency Service</p> <p>Mailing Address 3415 E Kiehl Ave</p> <p>City Little Rock State AR Zip Code 72205</p> <p>Purpose of Disbursement Travel Agent fee</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><b>Transaction ID:</b> SB21B-2508-190000 <b>Date of Disbursement</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 105.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 W. Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2508-200000 <b>Date of Disbursement</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period -521.70</p> <p><b>[MEMO ITEM]</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) US Airways Group Inc.</p> <p>Mailing Address 111 W. Rio Salado Pkwy</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2508-210000</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1252.80</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Westin San Francisco</p> <p>Mailing Address 1 Old Bayshore Hwy</p> <p>City Millbrae State CA Zip Code 94030</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2508-220000</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 14333.03</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Westin Seattle</p> <p>Mailing Address 1900 5th Avenue</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Lodging &amp; 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><b>Transaction ID:</b> SB21B-2508-230000</p> <p>Date of Disbursement 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 11768.64</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Budget Rental Fines Mailing Address 7681 E. Gray Rd City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-2508-240000 Date of Disbursement 12 / 21 / 2010
	Amount of Each Disbursement this Period 25.00 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Hertz Rental Fines Mailing Address 7681 E. Gray Rd City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-2508-250000 Date of Disbursement 12 / 21 / 2010
	Amount of Each Disbursement this Period 30.00 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Plate Pass Mailing Address 7681 East Gray Road City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-2508-260000 Date of Disbursement 12 / 21 / 2010
	Amount of Each Disbursement this Period 57.05 [MEMO ITEM] Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

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

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY  Mailing Address P.O. BOX 27800  City WASHINGTON State DC Zip Code 20038-7800  Purpose of Disbursement Airfare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-2393 Date of Disbursement 12 / 22 / 2010	Amount of Each Disbursement this Period 1619.77
<b>B.</b>	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY  Mailing Address P.O. BOX 27800  City WASHINGTON State DC Zip Code 20038-7800  Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-2394 Date of Disbursement 12 / 22 / 2010	Amount of Each Disbursement this Period 182.00
<b>C.</b>	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY  Mailing Address P.O. BOX 27800  City WASHINGTON State DC Zip Code 20038-7800  Purpose of Disbursement Airfare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-2395 Date of Disbursement 12 / 22 / 2010	Amount of Each Disbursement this Period 1126.89

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>2928.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

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<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.

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

Transaction ID: SB21B-2396

Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

1688.87

Purpose of Disbursement  
Airfare

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1688.87

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

484277.67