

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE

Check if different than previously reported. (ACC) WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00460147

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 18 / 2012 through [MM] / [DD] / [YYYY] 11 / 26 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANDREW TOBIAS

Signature of Treasurer ANDREW TOBIAS [Electronically Filed] Date 12 / 06 / 2012

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text"/>	<input type="text" value="874247.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1952102.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="644687.80"/>	<input type="text" value="4529487.67"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2596790.54"/>	<input type="text" value="5403735.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="834230.62"/>	<input type="text" value="3641175.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1762559.92"/>	<input type="text" value="1762559.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	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).....	644687.80	4529487.67
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	644687.80	4529487.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	644687.80	4529487.67

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	834230.62	3641175.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	834230.62	3641175.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	834230.62	3641175.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	834230.62	3641175.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	834230.62	3641175.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	644687.80	4529487.67
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	189542.82	-888312.57

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Obama for America</b>		Date of Receipt
Mailing Address PO Box 8102		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60680
FEC ID number of contributing federal political committee.		Transaction ID : SA15-5354
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="90824.19"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3043758.78"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Obama Victory Fund 2012</b>		Date of Receipt
Mailing Address PO Box 8102		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60680
FEC ID number of contributing federal political committee.		Transaction ID : SA15-5356
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="3753.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1247870.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Obama for America</b>		Date of Receipt
Mailing Address PO Box 8102		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60680
FEC ID number of contributing federal political committee.		Transaction ID : SA15-5355
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="156520.53"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3043758.78"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="251097.72"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Obama for America**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8102

City Chicago	State IL	Zip Code 60680
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431445

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3043758.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

**Transaction ID : SA15-5357**

Amount of Each Receipt this Period  
209377.75

**B. Obama Victory Fund 2012**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8102

City Chicago	State IL	Zip Code 60680
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00494740

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1247870.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

**Transaction ID : SA15-5358**

Amount of Each Receipt this Period  
14672.64

**C. Obama for America**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8102

City Chicago	State IL	Zip Code 60680
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431445

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3043758.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

**Transaction ID : SA15-5359**

Amount of Each Receipt this Period  
28539.75

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252590.14
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 42
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Obama Victory Fund 2012**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8102

City Chicago State IL Zip Code 60680

FEC ID number of contributing federal political committee. **C** C00494740

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1247870.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA15-5360**

Amount of Each Receipt this Period  
11817.71

**B. Obama for America**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8102

City Chicago State IL Zip Code 60680

FEC ID number of contributing federal political committee. **C** C00431445

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3043758.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA15-5361**

Amount of Each Receipt this Period  
129182.23

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140999.94
<b>TOTAL</b> This Period (last page this line number only).....▶	644687.80



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Prepaid Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5365**

Amount of Each Disbursement this Period

-125000.00

Advance Deposit on AmEx credit card 9/26/12

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366**

Amount of Each Disbursement this Period

317943.40

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. Holiday Inn Des Moines Airport**

Mailing Address 6111 Fleur Drive

City Des Moines State IA Zip Code 50321

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-10000**

Amount of Each Disbursement this Period

1553.38

**[MEMO ITEM]**  
Memo Entry

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

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

192943.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Best Western Windsor Inn**

Mailing Address 1292 South Boston Road

City Danville State VA Zip Code 24540

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-20000**

Amount of Each Disbursement this Period

345.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Comfort Inn**

Mailing Address 71 Hall Street

City Concord State NH Zip Code 03301

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-30000**

Amount of Each Disbursement this Period

4894.64

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Comfort Inn**

Mailing Address 20 N Plaza Blvd

City Chillicothe State OH Zip Code 45601

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-40000**

Amount of Each Disbursement this Period

4838.35

**[MEMO ITEM]**  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Comfort Suites**

Mailing Address 864 Ben Ali Drive

City Danville State KY Zip Code 40422

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-50000

Amount of Each Disbursement this Period

43743.10

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Country Inn & Suites**

Mailing Address 737 Avon Road

City Sparta State WI Zip Code 54656

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-60000

Amount of Each Disbursement this Period

686.88

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Country Inn & Suites**

Mailing Address 3614 Gateway Drive

City Eau Claire State WI Zip Code 54701

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-70000

Amount of Each Disbursement this Period

4107.80

[MEMO ITEM]  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Courtyard Grand Junction**

Mailing Address 765 Horizon Drive

City Grand Junction State CO Zip Code 81506

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-80000**

Amount of Each Disbursement this Period

1789.88

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Courtyard Portland Tigard**

Mailing Address 15686 SW Sequoia Pkwy

City Tigard State OR Zip Code 97224

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-90000**

Amount of Each Disbursement this Period

1800.42

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Courtyard Hanover/Lebanon**

Mailing Address 10 Morgan Drive

City Lebanon State NH Zip Code 03766

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-100000**

Amount of Each Disbursement this Period

11755.23

**[MEMO ITEM]**  
Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Crowne Plaza Atlanta Ravinia**

Mailing Address 4355 Ashford Dunwoody Road

City Atlanta State GA Zip Code 30346

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-110000**

Amount of Each Disbursement this Period

8160.89

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Crowne Plaza Blue Ash**

Mailing Address 5901 Pfeiffer Road

City Blue Ash State OH Zip Code 45242

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-120000**

Amount of Each Disbursement this Period

3125.27

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Crowne Plaza CO Springs**

Mailing Address 2886 South Circle Dr

City Colorado Springs State CO Zip Code 80906

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-130000**

Amount of Each Disbursement this Period

957.20

**[MEMO ITEM]**  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Crowne Plaza Richmond Downtown**

Mailing Address 555 East Canal Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-140000**

Amount of Each Disbursement this Period

5	3	1	3	.	9	6
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Embassy Suites Cleveland**

Mailing Address 1701 E 12th Street

City Cleveland State OH Zip Code 44114

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-150000**

Amount of Each Disbursement this Period

3	1	7	0	.	3	4
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Fairfield Inn Waterloo**

Mailing Address 2011 Laporte Road

City Waterloo State IA Zip Code 50702

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-160000**

Amount of Each Disbursement this Period

2	6	8	.	7	8
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**[MEMO ITEM]**  
Memo Entry

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

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

0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hampton Inn**

Mailing Address 305 SW Greenville Blvd

City Greenville State NC Zip Code 27834

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-170000**

Amount of Each Disbursement this Period

3419.38

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hampton Inn Tropicana**

Mailing Address 4975 South Dean Martin Drive

City Las Vegas State NV Zip Code 89118

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-180000**

Amount of Each Disbursement this Period

3104.64

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hilton Garden Inn**

Mailing Address 101 South Commercial Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-190000**

Amount of Each Disbursement this Period

8768.00

**[MEMO ITEM]**  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hilton Garden Inn**

Mailing Address 2702 Mid America Drive

City Council Bluffs State IA Zip Code 51501

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-200000**

Amount of Each Disbursement this Period

3732.65

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hilton Grand Rapids Airport**

Mailing Address 4747 28th Street SE

City Grand Rapids State MI Zip Code 49512

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-210000**

Amount of Each Disbursement this Period

1797.70

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hilton Cleveland East/Beachwood**

Mailing Address 3663 Park East Drive

City Beachwood State OH Zip Code 44122

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5366-220000**

Amount of Each Disbursement this Period

2818.08

**[MEMO ITEM]**  
Memo Entry

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

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

0.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

### A. Hilton Carillon Park

Mailing Address 950 Lake Carillon Drive

City St. Petersburg State FL Zip Code 33716

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB21B-5366-230000

Amount of Each Disbursement this Period

104.16
--------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### B. The Beverly Hills Hilton

Mailing Address 9876 Wilshire Boulevard

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB21B-5366-240000

Amount of Each Disbursement this Period

6166.10
---------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### C. Hilton New York

Mailing Address 1335 Avenue of the Americas

City New York State NY Zip Code 10019

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

Transaction ID : SB21B-5366-250000

Amount of Each Disbursement this Period

5432.78
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[MEMO ITEM]  
Memo Entry

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. HISTORIC HOTEL BETHLEHEM**

Mailing Address 437 Main Street

City Bethlehem State PA Zip Code 18018

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-260000**

Amount of Each Disbursement this Period

2257.85
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Express**

Mailing Address 2201 Cherry Lane

City Bethlehem State PA Zip Code 18015

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-270000**

Amount of Each Disbursement this Period

1427.80
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Holiday Inn Express**

Mailing Address 1605 N Roosevelt Avenue

City Burlington State IA Zip Code 52601

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-280000**

Amount of Each Disbursement this Period

3926.93
---------

**[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)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Express**

Mailing Address 4510 W New Haven Avenue

City Melbourne State FL Zip Code 32904

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-290000**

Amount of Each Disbursement this Period

3	2	6	8	.	3	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Express**

Mailing Address 208 W 4th Street N

City Newton State IA Zip Code 50208

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-300000**

Amount of Each Disbursement this Period

2	6	1	8	.	0	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Holiday Inn**

Mailing Address 2202 River Road

City Council Bluffs State IA Zip Code 51501

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-310000**

Amount of Each Disbursement this Period

3	1	0	4	.	6	4
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**[MEMO ITEM]**  
Memo Entry

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

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

0	.	0	0
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0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Homewood Suites by Hilton**

Mailing Address 100 Portsmouth Boulevard

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : SB21B-5366-320000**

Amount of Each Disbursement this Period

7640.10
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hotel Ottumwa**

Mailing Address 107 E 2nd Street

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : SB21B-5366-330000**

Amount of Each Disbursement this Period

3057.60
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hyatt Regency Tech Center**

Mailing Address 7800 East Tufts Avenue

City Denver State CO Zip Code 80237

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : SB21B-5366-340000**

Amount of Each Disbursement this Period

3523.01
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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)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hyatt Regency Miami**

Mailing Address 400 SE Second Avenue

City Miami State FL Zip Code 33131

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-350000

Amount of Each Disbursement this Period

5787.93

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hyatt Place Columbus OSU**

Mailing Address 795 Yard Street

City Columbus State OH Zip Code 43212

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-360000

Amount of Each Disbursement this Period

3426.52

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. HYATT REGENCY**

Mailing Address 225 EAST COAST LINE DR.

City JACKSONVILLE State FL Zip Code 32202

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-370000

Amount of Each Disbursement this Period

4768.16

[MEMO ITEM]  
Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Winter Haven**

Mailing Address 200 Cypress Gardens Blvd

City Winter Haven State FL Zip Code 33880

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5366-380000**

Amount of Each Disbursement this Period

2	8	6	8	.	3	2
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Holiday Inn Manchester Airport**

Mailing Address 2280 Brown Avenue

City Manchester State NH Zip Code 03103

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5366-390000**

Amount of Each Disbursement this Period

4	7	1	9	.	7	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Marriott Dayton**

Mailing Address 1414 S Patterson Blvd

City Dayton State OH Zip Code 45409

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5366-400000**

Amount of Each Disbursement this Period

3	8	9	1	.	7	2
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**[MEMO ITEM]**  
Memo Entry

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

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

0	0	0
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0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Marriott Long Island**

Mailing Address 101 Hotel Drive

City Uniondale State NY Zip Code 11553

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-410000**

Amount of Each Disbursement this Period

333.76
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Marriott Cedar Rapids**

Mailing Address 1200 Collins Road NE

City Cedar Rapids State IA Zip Code 52402

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-420000**

Amount of Each Disbursement this Period

2710.00
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Marriott South Park**

Mailing Address 2200 Rexford Park

City Charlotte State NC Zip Code 28211

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-430000**

Amount of Each Disbursement this Period

303.88
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**[MEMO ITEM]**  
Memo Entry

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Marriott Denver**

Mailing Address 1701 California Street

City State Zip Code  
Denver CO 80202

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5366-440000**

Amount of Each Disbursement this Period

2	9	1	7	.	5	2
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Montage Deer Valley**

Mailing Address 9100 Marsac Avenue

City State Zip Code  
Park City UT 84060

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5366-450000**

Amount of Each Disbursement this Period

1	3	3	0	9	.	6	5
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. InterContinental New York Barclay**

Mailing Address 111 East 48th Street

City State Zip Code  
New York NY 10017

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5366-460000**

Amount of Each Disbursement this Period

4	6	4	1	.	4	5
---	---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

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

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

0	0	0	0	0	0	0
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0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. OMNI HOTELS**

Mailing Address 530 WILLIAM PENN PLACE

City State Zip Code  
PITTSBURGH PA 15219

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-470000

Amount of Each Disbursement this Period

643.26

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hampton Inn Portsmouth**

Mailing Address 99 Durgin Lane

City State Zip Code  
Portsmouth NH 03801

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-480000

Amount of Each Disbursement this Period

3692.92

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Ramada Hotel & Conf Ctr**

Mailing Address 205 W. 4th Street

City State Zip Code  
Waterloo IA 50701

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-490000

Amount of Each Disbursement this Period

1368.42

**[MEMO ITEM]**  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Renaissance Columbus Downtown Hotel**

Mailing Address 50 North 3rd Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-500000**

Amount of Each Disbursement this Period

5	4	9	1	.	4	5
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Residence Inn Maumee**

Mailing Address 1370 Arrowhead Dr

City Maumee State OH Zip Code 43537

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-510000**

Amount of Each Disbursement this Period

4	3	3	0	.	1	3
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Residence Inn**

Mailing Address 3275 SW 40th Blvd

City Gainesville State FL Zip Code 32608

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

**Transaction ID : SB21B-5366-520000**

Amount of Each Disbursement this Period

3	8	0	4	.	9	4
---	---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

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

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

0	0	0	0	.	0	0
---	---	---	---	---	---	---

0	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Residence Inn**

Mailing Address 227 West Brambleton Avenue

City Norfolk State VA Zip Code 23510

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-530000

Amount of Each Disbursement this Period

4253.10

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Ritz Carlton Palm Beach**

Mailing Address 100 South Ocean Blvd

City Manalapan State FL Zip Code 33462

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-540000

Amount of Each Disbursement this Period

13861.77

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Stoney Creek Inn**

Mailing Address 300 3rd Street

City Sioux City State IA Zip Code 51101

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-550000

Amount of Each Disbursement this Period

4278.93

[MEMO ITEM]  
Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. The Fairmont San Jose**

Mailing Address 170 South Market Street

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : SB21B-5366-560000

Amount of Each Disbursement this Period

2577.08
---------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. TownePlace Suites**

Mailing Address 1 Marriott Plaza

City Farmingdale State NY Zip Code 11735

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : SB21B-5366-570000

Amount of Each Disbursement this Period

446.42
--------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Vdara Hotel**

Mailing Address 2600 West Harmon Avenue

City Las Vegas State NV Zip Code 89158

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : SB21B-5366-580000

Amount of Each Disbursement this Period

11038.72
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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)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. The Westin Book Cadillac**

Mailing Address 1114 Washington Blvd

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-590000

Amount of Each Disbursement this Period

-91.00

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Westin Hotels & Galleria**

Mailing Address 13340 Dallas Parkway

City Dallas State TX Zip Code 75240

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-600000

Amount of Each Disbursement this Period

3609.92

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Westin Imagine Orlando**

Mailing Address 9501 Universal Blvd

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : SB21B-5366-610000

Amount of Each Disbursement this Period

4935.64

[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)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Wingate by Wyndham**

Mailing Address 6050 Tyvola Glen Circle

City Charlotte State NC Zip Code 28217

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5366-620000**

Amount of Each Disbursement this Period

4	1	3	4	.	2	5
---	---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5367**

Amount of Each Disbursement this Period

1	3	6	3	.	2	0
---	---	---	---	---	---	---

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hertz Corporation**

Mailing Address Commercial Billing Dept.  
PO Box 121124

City Dallas State TX Zip Code 75312

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B-5367-10000**

Amount of Each Disbursement this Period

4	0	4	.	0	4
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

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

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

1	3	6	3	.	2	0
---	---	---	---	---	---	---

1	3	6	3	.	2	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Enterprise Rent-A-Car**

Mailing Address PO Box 795153

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : SB21B-5367-20000**

Amount of Each Disbursement this Period

959.16

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Prepaid Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

**Transaction ID : SB21B-5363**

Amount of Each Disbursement this Period

351000.00

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Prepaid Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

**Transaction ID : SB21B-5364**

Amount of Each Disbursement this Period

125000.00

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

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

476000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA, NA**

Mailing Address REGIONAL CENTER, VA2-125-04-01  
P.O. BOX 27025

City RICHMOND State VA Zip Code 23261-7025

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SB21B-5362

Amount of Each Disbursement this Period

80.62
-------

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SB21B-5323

Amount of Each Disbursement this Period

1060.75
---------

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	19	/	2012

Transaction ID : SB21B-5324

Amount of Each Disbursement this Period

6832.23
---------

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

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

7973.60
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

**Transaction ID : SB21B-5325**

Amount of Each Disbursement this Period

104.28
--------

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

**Transaction ID : SB21B-5326**

Amount of Each Disbursement this Period

31502.18
----------

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

**Transaction ID : SB21B-5327**

Amount of Each Disbursement this Period

1060.75
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

32667.21
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Mailing Address Eisenhower Executive Office Bldg  
Room 25

**Transaction ID : SB21B-5328**

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

5530.21
---------

Purpose of Disbursement  
White House Airlift Airfare

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Mailing Address Eisenhower Executive Office Bldg  
Room 25

**Transaction ID : SB21B-5329**

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

5646.83
---------

Purpose of Disbursement  
White House Airlift Helo

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Mailing Address Eisenhower Executive Office Bldg  
Room 25

**Transaction ID : SB21B-5330**

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

106.31
--------

Purpose of Disbursement  
White House Airlift In-flight Services

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

11283.35
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B-5331

Amount of Each Disbursement this Period

12022.12

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B-5332

Amount of Each Disbursement this Period

335.73

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B-5333

Amount of Each Disbursement this Period

136.27

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

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

12494.12

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

**Transaction ID : SB21B-5334**

Amount of Each Disbursement this Period

9938.41
---------

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

**Transaction ID : SB21B-5335**

Amount of Each Disbursement this Period

1409.34
---------

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

**Transaction ID : SB21B-5336**

Amount of Each Disbursement this Period

112.62
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11460.37
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B-5337

Amount of Each Disbursement this Period

24959.12

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B-5338

Amount of Each Disbursement this Period

1939.38

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

Transaction ID : SB21B-5339

Amount of Each Disbursement this Period

543.31

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

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

27441.81

**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)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Mailing Address Eisenhower Executive Office Bldg  
Room 25

**Transaction ID : SB21B-5340**

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

12585.17
----------

Purpose of Disbursement  
White House Airlift Airfare

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Mailing Address Eisenhower Executive Office Bldg  
Room 25

**Transaction ID : SB21B-5341**

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

1409.34
---------

Purpose of Disbursement  
White House Airlift Helo

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Mailing Address Eisenhower Executive Office Bldg  
Room 25

**Transaction ID : SB21B-5342**

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

197.10
--------

Purpose of Disbursement  
White House Airlift In-flight Services

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

14191.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

**Transaction ID : SB21B-5343**

Amount of Each Disbursement this Period

14969.96

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

**Transaction ID : SB21B-5344**

Amount of Each Disbursement this Period

2091.50

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2012

**Transaction ID : SB21B-5345**

Amount of Each Disbursement this Period

211.81

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

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

17273.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Transaction ID : SB21B-5346

Amount of Each Disbursement this Period

1409.34
---------

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Transaction ID : SB21B-5347

Amount of Each Disbursement this Period

656.46
--------

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2012

Transaction ID : SB21B-5348

Amount of Each Disbursement this Period

67.15
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2132.95
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2012			

Transaction ID : SB21B-5349

Amount of Each Disbursement this Period

10172.61
----------

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2012			

Transaction ID : SB21B-5350

Amount of Each Disbursement this Period

166.46
--------

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2012			

Transaction ID : SB21B-5351

Amount of Each Disbursement this Period

386.80
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10725.87
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. RI Democratic Victory Federal Account**

Date of Disbursement

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

Mailing Address 151 Broadway

**Transaction ID : SB21B-5352**

City Providence State RI Zip Code 02903

Amount of Each Disbursement this Period

5	0	4	6	.	7	6
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Purpose of Disbursement  
Refund of Travel Deposit

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Whitehouse for Senate**

Date of Disbursement

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

Mailing Address P.O. Box 40280

**Transaction ID : SB21B-5353**

City Providence State RI Zip Code 02940

Amount of Each Disbursement this Period

1	1	2	3	.	3	1	0
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Purpose of Disbursement  
Refund of Travel Deposit

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:  
**Whitehouse for Senate**

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

1	6	2	7	9	.	8	6
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**TOTAL** This Period (last page this line number only)..... ▶

8	3	4	2	3	.	6	2
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