

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3944 / 3906
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Senatorial Campaign Committee		FEC IDENTIFICATION NUMBER C C00042366
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee Greer Margolis Mitchell Burns	Date MM / DD / YYYY 10 / 18 / 2004
Mailing Address 1010 Wisconsin Ave., NW Suite 800	Amount 18000.00
City State Zip Code Washington DC 20007	Transaction ID: SE24-33083
Purpose of Expenditure Media Production	Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: Chris John - Vitter David	Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1649577.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum	Date MM / DD / YYYY 10 / 18 / 2004
Mailing Address Communications 700 Seventh St., S.E.	Amount 550.00
City State Zip Code Washington DC 20003	Transaction ID: SE24-33066
Purpose of Expenditure Media Production	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: Salazar Ken - Coors Pete	Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2239967.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	18550.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date MM / DD / YYYY _____