

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

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NAME OF COMMITTEE (In Full)
DNC Services Corp./Dem. Nat'l Committee

<p>A. Full Name (Last, First, Middle Initial) Dr. Francois F De Cassagnol</p> <p>Mailing Address 2260 Homer Ave</p> <p>City Bronx State NY Zip Code 10473</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D380 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mary-Catherin Catherine Deadman</p> <p>Mailing Address 12008 Park Shore Ct.</p> <p>City Woodbridge State VA Zip Code 22192-2216</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D512 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Patrick Doherty</p> <p>Mailing Address 43 Simon St.</p> <p>City Babylon State NY Zip Code 11702</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D255 Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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