

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

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

Mailing Address
300 N. Lee Street
Suite 500

Amount
5157.19

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-851495

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: OH
 Senate District: 16
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Kirk Schuring

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
798232.67

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 9/23/08

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

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

Mailing Address
300 N. Lee Street
Suite 500

Amount
3631.86

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-851496

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: VA
 Senate District: 11
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Gerry Connolly

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
398188.35

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 9/23/08

(a) SUBTOTAL of Itemized Independent Expenditures	8789.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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.

Brian L. Wolff
Signature

Date M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9