

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

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

FOR LINE NUMBER: (check only one)

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Maureen Garde<br>Mailing Address 1325 19TH ROAD<br>City Arlington State VA Zip Code 22202<br>Purpose of Disbursement Salaries<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼             | Transaction ID: SB21B-211162<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 5 / 2 0 1 0 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of Each Disbursement this Period<br>2134.65<br>Category/Type                                |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>ASHANTI GHOLAR<br>Mailing Address 5055 SEMINARY ROAD #1023<br>City ALEXANDRIA State VA Zip Code 22311<br>Purpose of Disbursement Salaries<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-211163<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 5 / 2 0 1 0 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of Each Disbursement this Period<br>1302.07<br>Category/Type                                |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>WILLIAM JENKINS<br>Mailing Address 355 I STREET SW #222<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Salaries<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    | Transaction ID: SB21B-211164<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 5 / 2 0 1 0 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of Each Disbursement this Period<br>2150.01<br>Category/Type                                |

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

5586.73

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