

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 checked="" 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)
Alexion Pharmaceuticals Inc. PAC

A. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE <hr/> Mailing Address 430 South Capitol Street, SE 2nd Floor <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4133 Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 1 2 / 2 3 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text"/> 2500.00	
	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name GRASSLEY COMMITTEE INC Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00	Transaction ID: SB23.4130 Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 1000.00	
C. Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US <hr/> Mailing Address P.O. Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06	Transaction ID: SB23.4128 Date of Disbursement <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y 1 2 / 2 3 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text"/> 1000.00	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 4500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/> 4500.00