

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Yolo County Democratic Central Committee - Federal Account	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00453712
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Lewis, Kathleen

---

Mailing Address  
644 Alvarado Avenue, #224

---

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

---

Purpose of Expenditure GOTV- Airfare	Category/ Type <b>24E</b>
---	------------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Barack Obama

---

Calendar Year-To-Date Per Election for Office Sought	11083.21
---	----------

Date  
M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 8

---

Amount  
253.00

**Transaction ID:** EDT.EALC.153

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008

Full Name (Last, First, Middle, Initial) of Payee  
Southwest Airlines

---

Mailing Address  
29 Love Field Dr

---

City Dallas	State TX	Zip Code 75235
----------------	-------------	-------------------

---

Purpose of Expenditure GOTV- Airfare	Category/ Type <b>24E</b>
---	------------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Barack Obama

---

Calendar Year-To-Date Per Election for Office Sought	11083.21
---	----------

Date  
M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 8

---

Amount  
253.00

**Transaction ID:** EDT.EGALC153.152

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008  
**[MEMO ITEM]**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	253.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> 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.

Rita Copeland  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8