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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
DCCC

A. Full Name (Last, First, Middle Initial): Eda Valero-Figueira
Mailing Address: 5700 Collins Ave, Apt 3N
City: Miami Beach State: FL Zip Code: 33140-2303
Purpose of Disbursement: Contribution Refund
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 11 / D D 24 / Y Y Y Y 2015
Transaction ID : VT3CV9KM445
Amount of Each Disbursement this Period: 15.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Eda Valero-Figueira
Mailing Address: 5700 Collins Ave, Apt 3N
City: Miami Beach State: FL Zip Code: 33140-2303
Purpose of Disbursement: Contribution Refund
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 11 / D D 24 / Y Y Y Y 2015
Transaction ID : VT3CV9KM453
Amount of Each Disbursement this Period: 5.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Eda Valero-Figueira
Mailing Address: 5700 Collins Ave, Apt 3N
City: Miami Beach State: FL Zip Code: 33140-2303
Purpose of Disbursement: Contribution Refund
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 11 / D D 24 / Y Y Y Y 2015
Transaction ID : VT3CV9KM461
Amount of Each Disbursement this Period: 5.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 25.00

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