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

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NAME OF COMMITTEE (In Full)
Maine Democratic State Committee

A.

Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address
430 South Capitol Street, SE

City: Washington
State: DC
Zip Code: 20003

Purpose of Disbursement
Contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement
06 27 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB22.4814

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**1000.00**