

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Democratic Senatorial Campaign Committee

Full Name (Last, First, Middle Initial) A. Miriam Benford		Date of Disbursement MM / DD / YYYY 03 / 18 / 2015
Mailing Address 1 Buena Vista Ave.		Transaction ID : SB28A-104012
City Fairfax	State CA	
Zip Code 94930	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 15.00
Candidate Name	Category/Type	
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:	

Full Name (Last, First, Middle Initial) B. Wade Christopher		Date of Disbursement MM / DD / YYYY 03 / 18 / 2015
Mailing Address 5104 State Road H		Transaction ID : SB28A-104013
City DeSotto	State MO	
Zip Code 63020	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 15.00
Candidate Name	Category/Type	
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:	

Full Name (Last, First, Middle Initial) C. Carolyn Church		Date of Disbursement MM / DD / YYYY 03 / 18 / 2015
Mailing Address 3329 Dudley Ave.		Transaction ID : SB28A-104014
City Baltimore	State MD	
Zip Code 21213	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 10.00
Candidate Name	Category/Type	
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:	

SUBTOTAL of Disbursements This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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