# 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)
WOMENCOUNT PAC

**A.** Full Name (Last, First, Middle Initial): STACY MASON
Mailing Address: 839 MELVILLE AVENUE
City: PALO ALTO State: CA Zip Code: 94301
Purpose of Disbursement: Refund of Contribution
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2015
**Transaction ID : EXPB3271**
Amount of Each Disbursement this Period: 35.00

**B.** Full Name (Last, First, Middle Initial): JOHN CHRISTIN
Mailing Address: 892 NEVADA AVE
City: SAN JOSE State: CA Zip Code: 95125
Purpose of Disbursement: REFUND OF CONTRIBUTION
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2015
**Transaction ID : EXPB1943**
Amount of Each Disbursement this Period: 75.00

**C.** Full Name (Last, First, Middle Initial): JOHN CHRISTIN
Mailing Address: 892 NEVADA AVE
City: SAN JOSE State: CA Zip Code: 95125
Purpose of Disbursement: REFUND OF CONTRIBUTION
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2015
**Transaction ID : EXPB1944**
Amount of Each Disbursement this Period: 90.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ 200.00

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