

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**DCCC**

Full Name (Last, First, Middle Initial)

**A. Bailey, Cynthia, , ,**

Mailing Address 1100 Heavenly Ln

City  
FairfieldState  
IAZip Code  
52556-2073Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2018

FEC Identification Number

**C****Transaction ID : VT3CV9ND22**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Baker, Paul, , ,**

Mailing Address 26 Tekakwitha Ct

City  
Clifton ParkState  
NYZip Code  
12065-7626Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2018

FEC Identification Number

**C****Transaction ID : VT3CV9NDM1**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Baker, Rhonda, , ,**

Mailing Address PO Box 5480

City  
WhitefishState  
MTZip Code  
59937-5480Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2018

FEC Identification Number

**C****Transaction ID : VT3CV9NCR**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00