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 | X 28a | 28b | 28c | 29 | 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.
Full Name (Last, First, Middle Initial)
Jack Hogan
Mailing Address 2575 Palisades Crest Dr
City: Lake Oswego | State: OR | Zip Code: 97034-7552
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: 03 / 02 / 2015
Transaction ID : D59071
Amount of Each Disbursement this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Jack Hogan
Mailing Address 2575 Palisades Crest Dr
City: Lake Oswego | State: OR | Zip Code: 97034-7552
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: 03 / 02 / 2015
Transaction ID : D59072
Amount of Each Disbursement this Period: 100.00

C.
Full Name (Last, First, Middle Initial)
Jack Hogan
Mailing Address 2575 Palisades Crest Dr
City: Lake Oswego | State: OR | Zip Code: 97034-7552
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: 03 / 02 / 2015
Transaction ID : D59073
Amount of Each Disbursement this Period: 100.00

SUBTOTAL of Disbursements This Page (optional) ▶ 300.00

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