

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

Washington State Democratic Central Committee

Full Name (Last, First, Middle Initial)

A. Cardmember Service

Mailing Address P.O. Box 89438

City Cleveland State OH Zip Code 44101

Purpose of Disbursement
Credit Card - See Memo

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : 23-01-15695-0000

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. NARAL Pro-Choice America

Mailing Address 1156 15th Street NW

City Washington DC State DC Zip Code 20005

Purpose of Disbursement
Event ticket

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : 23-01-15695-28271

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	5	0	0	0	0	0	0	0	0
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2	5	0	0	0	0	0	0	0	0
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