SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 OF 98 (check only one)  17 18 19a 19b 20a 20b 20c X 21
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NAME OF COMMITTEE (In Full)  DelBene for Congress		
Full Name (Last, First, Middle Initial)  Democratic Congressional Campaign C  Mailing Address 430 S Capitol St SE		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Washington DC  Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Disbursement Fo Senate Primary	y General	Amount of Each Disbursement this Period  1000.00  Transaction ID : D680695
State: District: Full Name (Last, First, Middle Initial)  Mailing Address  Other (  Other (	(specify)	Date of Disbursement
City State  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For Senate Primary Other ( State: District:		Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  C.  Mailing Address		Date of Disbursement
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement Formary Other (  President Other (		Amount of Each Disbursement this Period
State: District:  SUBTOTAL of Disbursements This Page (optional)		1000.00

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

1000.00