

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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)

Democratic Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Steckelis, Mikaela, , ,

Mailing Address 7333 State Road 69

City
BellevilleState
WIZip Code
53508

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2020

FEC Identification Number

C**Transaction ID : 28a-00071275**

Amount of Each Disbursement this Period

10.00

Contribution Refund

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Miller, Jacqueline, , ,

Mailing Address 2126 Odessa Circle

City
The VillagesState
FLZip Code
32162

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2020

FEC Identification Number

C**Transaction ID : 28a-00071322**

Amount of Each Disbursement this Period

25.00

Contribution Refund

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McCreery, Genie, , ,

Mailing Address 1212 Shenandoah Road

City
AlexandriaState
VAZip Code
22308

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2020

FEC Identification Number

C**Transaction ID : 28a-0007148**

Amount of Each Disbursement this Period

1000.00

Contribution Refund

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

1035.00