

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Democratic Senatorial Campaign Committee

Full Name (Last, First, Middle Initial) A. Joseph Cotchett		Transaction ID: SB28A-46391																					
Mailing Address 840 Malcolm Rd, #200		Date of Disbursement																					
City State Zip Code Borlingame CA 94010		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	1	0	/	2	0	0	7														
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period																					
Candidate Name		1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																							
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. Gedale Horowitz		Transaction ID: SB28A-46477																					
Mailing Address 1 Pond Park Rd		Date of Disbursement																					
City State Zip Code Great Neck NY 11023		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	8	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	1	8	/	2	0	0	7														
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period																					
Candidate Name		2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																							
State: District:		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	4000.00

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