

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)

North Carolina Democratic Party - Federal

Full Name (Last, First, Middle Initial)

A. Stanback, Brad, , ,

Mailing Address 810 Long Branch Rd

City
CantonState
NCZip Code
28716

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	Y
0	3			2	7			2	0	1	9		

FEC Identification Number

C

Transaction ID : 28a-0001446c

Amount of Each Disbursement this Period

 15400.00

Refund of prior year contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson, Eugene, , ,

Mailing Address 920 Berkeley Avenue

City
CharlotteState
NCZip Code
28203

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	Y
0	3			2	7			2	0	1	9		

FEC Identification Number

C

Transaction ID : 28a-0001446c

Amount of Each Disbursement this Period

 5000.00

Refund of prior year contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grissom, Amy, , ,

Mailing Address 421 Hempstead Place

City
CharlotteState
NCZip Code
28207

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	Y
0	3			2	7			2	0	1	9		

FEC Identification Number

C

Transaction ID : 28a-0001446c

Amount of Each Disbursement this Period

 500.00

Refund of prior year contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 20900.00