

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 Oregon

Full Name (Last, First, Middle Initial)

A. Deyerle, Amanda, , ,

Mailing Address 1049 6th St NW

City
SalemState
ORZip Code
97304

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
09	/	16	/	2019

FEC Identification Number

C**Transaction ID : 28a-00014824**

Amount of Each Disbursement this Period

360.00

Contribution Refund

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wruck, Ryan, , ,

Mailing Address 4684 Crown Ct NE

City
SalemState
ORZip Code
97301

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
09	/	17	/	2019

FEC Identification Number

C**Transaction ID : 28a-00014847**

Amount of Each Disbursement this Period

360.00

Contribution Refund

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McWilliams, Jon, A., ,Mailing Address 1950 NW 192nd Ave
Unit 367City
HillsboroState
ORZip Code
97006-6587

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
09	/	23	/	2019

FEC Identification Number

C**Transaction ID : 28a-00014851**

Amount of Each Disbursement this Period

360.00

Contribution Refund

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

1080.00

2956.00