

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use 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)

**DCCC**

Full Name (Last, First, Middle Initial)

**A. BLACK, DOROTHY, , ,**

Mailing Address 95 VIA LA BRISA

City  
LARKSPURState  
CAZip Code  
94939-1556Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2020

FEC Identification Number

**C****Transaction ID : 500140834**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLACKSHIRE-BELAY, CAROL, , ,**

Mailing Address 8606 E LEHIGH AVE

City  
DENVERState  
COZip Code  
80237-1620Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2020

FEC Identification Number

**C****Transaction ID : 500140367**

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLACKSHIRE-BELAY, CAROL, , ,**

Mailing Address 8606 E LEHIGH AVE

City  
DENVERState  
COZip Code  
80237-1620Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2020

FEC Identification Number

**C****Transaction ID : 500140368**

Amount of Each Disbursement this Period

1.00

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

502.00