

**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. GOUGH, KATHY, , ,**

Mailing Address 235 EDITH DR

City  
MIDDLETOWNState  
OHZip Code  
45042-3971Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2020

FEC Identification Number

**C****Transaction ID : 500141174**

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOUGH, KATHY, , ,**

Mailing Address 235 EDITH DR

City  
MIDDLETOWNState  
OHZip Code  
45042-3971Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2020

FEC Identification Number

**C****Transaction ID : 500141175**

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GRABILL, MEARL, , ,**Mailing Address 1325 GREENCROFT DR  
APT 312City  
GOSHENState  
INZip Code  
46526-5133Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2020

FEC Identification Number

**C****Transaction ID : 500141125**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

32.00

**TOTAL** This Period (last page this line number only)..... ►