

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12402 OF 12483

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

DSCC

Full Name (Last, First, Middle Initial)

A. Sawin, Linda, , ,

Mailing Address 105 Big Bear PI NW

City
IssaquahState
WAZip Code
98027Purpose of Disbursement
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 19 | | | 2019 | | | |

FEC Identification Number

C**Transaction ID : SB28A-16294**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sheridan, Elizabeth, , ,

Mailing Address 4 White Water Turn

City
TariffvilleState
CTZip Code
06081Purpose of Disbursement
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 19 | | | 2019 | | | |

FEC Identification Number

C**Transaction ID : SB28A-16294**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walker, Jill, , ,

Mailing Address 69 Collie Brook Rd

City
East HamptonState
CTZip Code
06424Purpose of Disbursement
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 19 | | | 2019 | | | |

FEC Identification Number

C**Transaction ID : SB28A-16294**

Amount of Each Disbursement this Period

2500.00

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

2625.00