

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

PAGE 21887 OF 22194

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. Cecil, Lorraine, F, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2019

Mailing Address 1010 Anne St NW
Apt 307City
BemidjiState
MNZip Code
56601-5143Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VT3CV9PGR1**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cecil, Lorraine, F, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2019

Mailing Address 1010 Anne St NW
Apt 307City
BemidjiState
MNZip Code
56601-5143Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VT3CV9PGR1**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cecil, Lorraine, F, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2019

Mailing Address 1010 Anne St NW
Apt 307City
BemidjiState
MNZip Code
56601-5143Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VT3CV9PGR1**

Amount of Each Disbursement this Period

15.00

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

45.00