

**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. Mehdi pour, Massy, , ,**Mailing Address 3750 Las Vegas Blvd S  
Unit 2809City  
Las VegasState  
NVZip Code  
89158-4361Purpose 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	Y
1	1	1		2	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : VT3CV9MBZ**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mendelson, Michael, , ,**

Mailing Address 4534 NE 87th Ave

City  
PortlandState  
ORZip Code  
97220-4801Purpose 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	Y
1	2			0	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : VT3CV9MCYC**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mendillo, James, , ,**

Mailing Address 11 Seaview Ave

City  
BranfordState  
CTZip Code  
06405-5417Purpose 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	Y
1	2			2	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : VT3CV9MEJ**

Amount of Each Disbursement this Period

50.00

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

325.00