

**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)

**DSCC**

Full Name (Last, First, Middle Initial)

**A. SMITH, Alys, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2019

Mailing Address 901 Berkeley Avenue

City  
Menlo ParkState  
CAZip Code  
94025Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB28A-16165**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Snowden, Deloris, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2019

Mailing Address 215 Glover Street

City  
FredericksburgState  
VAZip Code  
22401Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB28A-16165**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHILLER, SUE, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2019

Mailing Address P.O. BOX 1417

City  
NorwichState  
VTZip Code  
05055Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB28A-16165**

Amount of Each Disbursement this Period

100.00

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

155.00