

**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 12184 OF 12269

<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. Burke, Donald, , ,**

Mailing Address 964 Grant Pl

City  
BoulderState  
COZip Code  
80302Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2019

FEC Identification Number

**C****Transaction ID : SB28A-16201**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Burke, Donald, , ,**

Mailing Address 964 Grant Pl

City  
BoulderState  
COZip Code  
80302Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2019

FEC Identification Number

**C****Transaction ID : SB28A-16201**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Burke, Donald, , ,**

Mailing Address 964 Grant Pl

City  
BoulderState  
COZip Code  
80302Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2019

FEC Identification Number

**C****Transaction ID : SB28A-16201**

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).....▶

150.00