

**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)

**DNC Services Corp./Dem. Nat'l Committee**

Full Name (Last, First, Middle Initial)

**A. Pitzorno, Tommaso, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2019

Mailing Address Via Giacomo Brodolini 2 ANT

City  
Albignasego (PD)

State

Zip Code  
35020Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : 500051790**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pitzorno, Tommaso, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2019

Mailing Address Via Giacomo Brodolini 2 ANT

City  
Albignasego (PD)

State

Zip Code  
35020Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : 500051796**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Quarles, Nancy, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		25		2019

Mailing Address 15801 Providence Dr  
Apt 11ECity  
SouthfieldState  
MIZip Code  
48075-3138Purpose of Disbursement  
Refund of Contribution

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : 500052551**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

270.00

**TOTAL** This Period (last page this line number only).....▶