

**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. LEIGH, MARGOT, , ,

Mailing Address 2930 HORIZON HILLS DR

City
PRESCOTTState
AZZip Code
86305-7111Purpose 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
02		13		2020

FEC Identification Number

C**Transaction ID : 500139743**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEININGER, DALE, , ,

Mailing Address 245 BAYVIEW CIR

City
SAN FRANCISCOState
CAZip Code
94124-2276Purpose 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
02		10		2020

FEC Identification Number

C**Transaction ID : 500139744**

Amount of Each Disbursement this Period

26.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEVINE, HARRIET LAUB, , ,Mailing Address 3831 TURTLE CREEK BLVD
APT 5CCity
DALLASState
TXZip Code
75219-4495Purpose 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
02		12		2020

FEC Identification Number

C**Transaction ID : 500139745**

Amount of Each Disbursement this Period

25.00

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

66.00