

**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. LEVINE, HARRIET, LAUB, ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2020

Mailing Address 3831 TURTLE CREEK BLVD  
APT 5CCity  
DALLASState  
TXZip Code  
75219-4495Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : 500139519**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEVITT, GAIL, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2020

Mailing Address 714 REVERE RD

City  
WEST CHESTERState  
PAZip Code  
19382-8715Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : 500139746**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LIGTELYN, STEPHANE, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		19		2020

Mailing Address 3930 AFFINITY LN  
UNIT 414City  
BELLINGHAMState  
WAZip Code  
98226-4516Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : 500140021**

Amount of Each Disbursement this Period

35.00

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

110.00