

**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 9985 OF 10031

<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. Green, Jamison, , ,

Mailing Address 5421 NE 51st Cir

City
VancouverState
WAZip Code
98661-2385Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				27				2019					

FEC Identification Number

C**Transaction ID : 500063840**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hennen, Mary, M., ,

Mailing Address 3747 Bellaire Cir

City
Fort WorthState
TXZip Code
76109-2743Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2019					

FEC Identification Number

C**Transaction ID : 500063864**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hofschulte, Lloyd, , ,

Mailing Address 180 Patterson Rd

City
Santa MariaState
CAZip Code
93455-4812Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2019					

FEC Identification Number

C**Transaction ID : 500063868**

Amount of Each Disbursement this Period

2000.00

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

4200.00