

**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 42571 OF 42621

<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. Rubin, Jeffrey, , ,**

Mailing Address 9905 Brockway St

City  
El MonteState  
CAZip Code  
91733-1105Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2019

FEC Identification Number

**C****Transaction ID : VT3CV9PMJ9**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rubin, Michael, , ,**

Mailing Address 9905 Brockway St

City  
El MonteState  
CAZip Code  
91733-1105Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2019

FEC Identification Number

**C****Transaction ID : VT3CV9PMJ6**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rubin, Michael, , ,**

Mailing Address 9905 Brockway St

City  
El MonteState  
CAZip Code  
91733-1105Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2019

FEC Identification Number

**C****Transaction ID : VT3CV9PMJ;**

Amount of Each Disbursement this Period

15.00

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

55.00