

**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)

**DSCC**

Full Name (Last, First, Middle Initial)

**A. Smith, Eileen, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2019

Mailing Address 1500 N Garrett Ave  
Apt 217City  
DallasState  
TXZip Code  
75206Purpose 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 : SB28A-15899**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Troehler, Sandra, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2019

Mailing Address 15563 Floyd Ln

City  
Overland ParkState  
KSZip Code  
66223Purpose 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 : SB28A-15899**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Valdes, Robert, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2019

Mailing Address 314 E 82nd St

City  
New YorkState  
NYZip Code  
10028Purpose 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 : SB28A-15899**

Amount of Each Disbursement this Period

3.00

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

228.00