

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. Rayhill, Robert, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2019

Mailing Address 2184 Via Mariposa E
Apt ACity
Laguna WoodsState
CAZip Code
92637Purpose 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-15948**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Smith, Ron, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2019

Mailing Address PO Box 436

City
StockertownState
PAZip Code
18083Purpose 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-15948**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Templeton, Louise, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2019

Mailing Address 1205 S Hadfield St

City
MarionState
ILZip Code
62959Purpose 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-15948**

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).....▶

300.00