

**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. Peare, Rheba, , ,

Mailing Address 3854 Pioneer Rd

City

Elida

State

OH

Zip Code

45807-8724

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : VT3CV9PBR5**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peare, Rheba, , ,

Mailing Address 3854 Pioneer Rd

City

Elida

State

OH

Zip Code

45807-8724

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	9		

FEC Identification Number

C**Transaction ID : VT3CV9PBR7**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Peare, Rheba, , ,

Mailing Address 3854 Pioneer Rd

City

Elida

State

OH

Zip Code

45807-8724

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

FEC Identification Number

C**Transaction ID : VT3CV9PC7I**

Amount of Each Disbursement this Period

5.00

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

14.00