

**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. Short, Joe, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2019

Mailing Address 23 Claremont Park

City
BostonState
MAZip Code
02118-3001Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : VT3CV9PDD/**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shreve, Robert, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2019

Mailing Address 1503 Eagle Ridge Rd NE

City
AlbuquerqueState
NMZip Code
87122-1156Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : VT3CV9PEK0**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sias, Stella, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2019

Mailing Address 1436 Killarney Ave

City
Los AngelesState
CAZip Code
90065-1834Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C**Transaction ID : VT3CV9PDH1**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►