

**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. Stanley, Carol, , ,**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		04		2017

Mailing Address 4685 Orion Ave  
Apt 25City  
Sherman OaksState  
CAZip Code  
91403-1025Purpose 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 : VT3CV9MFB\**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stapleton, Jack, , ,**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		17		2017

Mailing Address 574 S Fairfield Ave  
NoneCity  
ElmhurstState  
ILZip Code  
60126-3865Purpose 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 : VT3CV9MG3V**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Starik, Mark, , ,**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		04		2017

Mailing Address 1801 Wedemeyer St  
Unit 518City  
San FranciscoState  
CAZip Code  
94129-5281Purpose 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 : VT3CV9MFB\**

Amount of Each Disbursement this Period

25.00

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

65.00

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