

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)

DCCC

Full Name (Last, First, Middle Initial)

A. Starik, Mark, , ,

Date of Disbursement

M M M	/	D 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

Full Name (Last, First, Middle Initial)

B. Starik, Mark, , ,

Date of Disbursement

M M M	/	D 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 : VT3CV9MFBY**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stelter, Michael, F., ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Mailing Address 4538 W 191st St
NULLCity
TorranceState
CAZip Code
90503-1408Purpose 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 : VT3CV9MGX**

Amount of Each Disbursement this Period

250.00

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

300.00