

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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. Xiao, Danny, , ,		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016	
Mailing Address 50 Hall Hill Rd		FEC Identification Number C [REDACTED]	
City Wilmington	State CT	Zip Code 06279-1813	Transaction ID : VT3CV9MCV'
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00
Candidate Name			<input type="checkbox"/> Memo Item
Office 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:			

Full Name (Last, First, Middle Initial) B. Xiao, Danny, , ,		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016	
Mailing Address 50 Hall Hill Rd		FEC Identification Number C [REDACTED]	
City Wilmington	State CT	Zip Code 06279-1813	Transaction ID : VT3CV9MCV2
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00
Candidate Name			<input type="checkbox"/> Memo Item
Office 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:			

Full Name (Last, First, Middle Initial) C. Xiao, Danny, , ,		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016	
Mailing Address 50 Hall Hill Rd		FEC Identification Number C [REDACTED]	
City Wilmington	State CT	Zip Code 06279-1813	Transaction ID : VT3CV9MCV
Purpose of Disbursement Contribution Refund		Category/ Type	Amount of Each Disbursement this Period 1.00
Candidate Name			<input type="checkbox"/> Memo Item
Office 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	3.00
TOTAL This Period (last page this line number only).....▶	