

**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. GRISWOLD, MEG, E., ,**

Mailing Address 224 WOODLAND BEACH RD

City  
CAMANO ISLANDState  
WAZip Code  
98282-8504Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	1		0	5		2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500138527**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUSTAFSON, ANTON, , ,**

Mailing Address 5448 CHESTNUT RIDGE RD

City  
RIDGE MANORState  
FLZip Code  
33523-8987Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	1		0	8		2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500138528**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HALL, DON, , ,**

Mailing Address 1330 SW 31ST LN

City  
ANKENYState  
IAZip Code  
50023-6241Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	1		1	4		2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500138808**

Amount of Each Disbursement this Period

25.00

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

1625.00