

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)

Texas Democratic Party

Full Name (Last, First, Middle Initial)

A. Rodriguez, Oscar, A., ,

Mailing Address 506 Bellevue Place

City
AustinState
TXZip Code
78705

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2019

FEC Identification Number

C

Transaction ID : 28a-00059531

Amount of Each Disbursement this Period

500.00

Contribution Refund

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walker, Kelly, , ,

Mailing Address 718 Griffith Avenue

City
TerrellState
TXZip Code
75160

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2019

FEC Identification Number

C

Transaction ID : 28a-00059531

Amount of Each Disbursement this Period

10.00

Contribution Refund

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jones, Deborah, , ,

Mailing Address 2925 Sackett Landing #1505

City
Fort WorthState
TXZip Code
76116

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2019

FEC Identification Number

C

Transaction ID : 28a-00059531

Amount of Each Disbursement this Period

5.00

Contribution Refund

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

515.00