

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)
Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)

A. Hill Country DC LLC Marc B. Glosserman

Mailing Address 410 7th Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
InKind Catering

Candidate Name

John Lewis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	1	4		

Transaction ID : SB23-920083

Amount of Each Disbursement this Period

1	0	5	.	1	6
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Full Name (Last, First, Middle Initial)

B. Hill Country DC LLC Marc B. Glosserman

Mailing Address 410 7th Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
InKind Catering

Candidate Name

Aimee Belgard

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	1	4		

Transaction ID : SB23-920084

Amount of Each Disbursement this Period

1	0	5	.	1	6
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Full Name (Last, First, Middle Initial)

C. Hill Country DC LLC Marc B. Glosserman

Mailing Address 410 7th Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
InKind Catering

Candidate Name

Roxanne Lara

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9			2	0	1	4		

Transaction ID : SB23-920085

Amount of Each Disbursement this Period

1	0	5	.	1	6
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	1	5	.	4	8
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1	0	5	.	1	6
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