

**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. Thomas Wayne Trotter

Mailing Address 425 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-Kind Event/Facility

Candidate Name

Pam Byrnes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SB23-920095

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. Thomas Wayne Trotter

Mailing Address 425 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-Kind Event/Facility

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
04		29		2014

Transaction ID : SB23-920096

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. Thomas Wayne Trotter

Mailing Address 425 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-Kind Event/Facility

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
04		29		2014

Transaction ID : SB23-920097

Amount of Each Disbursement this Period

35.00

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

105.00

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

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