

# 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. Congressional Liquors

Mailing Address 404 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
InKind Catering

Candidate Name

**Andrew Romanoff**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Transaction ID : **SB23-920143**

Amount of Each Disbursement this Period

1	7	.	8	8
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Full Name (Last, First, Middle Initial)

### B. Congressional Liquors

Mailing Address 404 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
InKind Catering

Candidate Name

**Gwen Graham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Transaction ID : **SB23-920144**

Amount of Each Disbursement this Period

1	7	.	8	8
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Full Name (Last, First, Middle Initial)

### C. Congressional Liquors

Mailing Address 404 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
InKind Catering

Candidate Name

**Staci Appel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Transaction ID : **SB23-920145**

Amount of Each Disbursement this Period

1	7	.	8	7
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	3	.	6	3
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