

**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"/> 24	<input type="checkbox"/> 25	<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. Howard Osborn

Mailing Address 3000 S 1st St

City	State	Zip Code
Champaign	IL	61822-7108

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : VT3CV9J3FH4

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Howard Osborn

Mailing Address 3000 S 1st St

City	State	Zip Code
Champaign	IL	61822-7108

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : VT3CV9J3FK0

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Howard Osborn

Mailing Address 3000 S 1st St

City	State	Zip Code
Champaign	IL	61822-7108

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : VT3CV9J3FN6

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

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