

**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)

PAGE 2126 / 2126

<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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Philip Falcone		Transaction ID: SB28A-0.060502																					
Mailing Address 555 Madison Ave.		Date of Disbursement																					
City New York State NY Zip Code 10022		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	2		2	0	0	8														
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period																					
Candidate Name		10000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. George Lindeman		Transaction ID: SB28A-0.060627																					
Mailing Address 767 5th Ave. 50th Floor		Date of Disbursement																					
City New York State NY Zip Code 10153		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period																					
Candidate Name		25000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. Madena Stewart		Transaction ID: SB28A-0.060623																					
Mailing Address P.O. Box 25109		Date of Disbursement																					
City Scottsdale State AZ Zip Code 85255		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
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0	8		1	9		2	0	0	8														
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period																					
Candidate Name		10000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	45000.00
TOTAL This Period (last page this line number only)	46300.00

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