

NRSC
425 Second Street NE
Washington, DC 20002
(C00027466)

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February 6, 2015

Ms. Kaitlin Eger
Senior Campaign Finance and Reviewing Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Ms. Eger:

The NRSC is amending its 2014 year-end FEC report, originally submitted on January 30, 2015. The year-end report amendment reflects revised totals for lines 21b and 21c, and for lines 28a and 28d.

The original filing disclosed a disbursement in the amount of \$ 179,472.25 for Web Service to Targeted Victory on page 2160 of Schedule B, line 21b. The correct amount for this expense as reflected on the amendment is \$ 87,733.53.

Targeted Victory also serves as a credit card processing vendor for the NRSC. The remaining payment amount to Targeted Victory of \$ 91,738.72 was for contribution refunds, and this total is now reported on Schedule B for line 28a. Individual donors whose refunds are included in this payment amount are itemized as memo entries. For purposes of this amendment, all donors receiving refunds of any amount are itemized on Schedule B for line 28a.

The total receipts, total disbursements, and ending cash remain the same. This amendment also reflects the applicable changes to the amounts reported on the summary pages in column A or B.

Sincerely:


Jay Banning
Assistant Treasurer

Encl.

15020104142

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15 FEB 10 AM 10:31

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NRSC

ADDRESS (number and street)

425 2ND STREET NE

Check if different than previously reported. (ACC)

WASHINGTON

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00027466

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY
11 / 25 / 2014

through

MM / DD / YYYY
12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ^{ASSR} Jay Banning

Signature of Treasurer ^{ASSR}

Jay Banning

Date

MM / DD / YYYY
02 / 10 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
Rev. 12/2004

15020104143

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NRSC

Report Covering the Period: From:

/ /

To:

/ /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="8020120.57"/>
(b) Cash on Hand at Beginning of Reporting Period...	<input type="text" value="3049606.12"/>	
(c) Total Receipts (from Line 19) ..	<input type="text" value="2529701.33"/>	<input type="text" value="91602617.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)...	<input type="text" value="5579307.45"/>	<input type="text" value="99622737.72"/>
7. Total Disbursements (from Line 31)...	<input type="text" value="2873519.16"/>	<input type="text" value="96916949.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))...	<input type="text" value="2705788.29"/>	<input type="text" value="2705788.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	<input type="text" value="10000000.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

1502010414A

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NRSC

Report Covering the Period: From:

MM / DD / YYYY
11 / 25 / 2014

To:

MM / DD / YYYY
12 / 31 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

789238.14

44308226.36

(ii) Unitemized....

412992.28

17129836.55

(iii) TOTAL (add Lines 11(a)(i) and (ii))... ▶

1202230.42

61438062.91

(b) Political Party Committees..

0.00

138400.00

(c) Other Political Committees (such as PACs).....

35750.00

10209019.07

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .. ▶

1237980.42

71785481.98

12. Transfers From Affiliated/Other Party Committees...

283829.21

8669498.20

13. All Loans Received...

1000000.00

10000000.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)...

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

7891.70

96279.61

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

0.00

0.00

(a) Non-Federal Account (from Schedule H3) ..

0.00

1051357.36

(b) Levin Funds (from Schedule H5) ...

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))... ▶

0.00

0.00

0.00

0.00

0.00

0.00

2529701.33

91602617.15

20. Total Federal Receipts (subtract Line 18(c) from Line 19) ... ▶

2529701.33

91602617.15

2529701.33

91602617.15

2529701.33

91602617.15

15020104145

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share ...		0.00	0.00
(ii) Non-Federal Share...		0.00	0.00
(b) Other Federal Operating Expenditures		2609323.43	40396310.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ..	▶	2609323.43	40396310.74
22. Transfers to Affiliated/Other Party Committees.....		17500.00	7896000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees....		15000.00	719533.42
24. Independent Expenditures (use Schedule E)		30000.00	39598831.95
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		0.00	7558961.75
26. Loan Repayments Made...		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees ..		99906.22	279650.62
(b) Political Party Committees ...		0.00	0.00
(c) Other Political Committees (such as PACs)...		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))... ..	▶	99906.22	279650.62
29. Other Disbursements ..		101789.51	467660.95
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share ...		0.00	0.00
(ii) "Levin" Share.....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....▶		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		2873519.16	96916949.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)...	▶	2873519.16	96916949.43

15020104146

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) ...	1237980.42	71785481.98
34. Total Contribution Refunds (from Line 28(d))	99906.22	279650.62
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1138074.20	71505831.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2609323.43	40396310.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	7891.70	96279.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2601431.73	40300031.13

15020104147

**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)
 21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 N FAIRFAX ST.
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
 12 / 12 / 2014

Transaction ID : SB21-0.027800

Amount of Each Disbursement this Period
 87733.53

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY

Mailing Address 1033 N FAIRFAX ST.
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE PROCESSING FEE

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
 12 / 15 / 2014

Transaction ID : SB21-0.027802

Amount of Each Disbursement this Period
 3.60

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 N FAIRFAX ST.
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE PROCESSING FEE

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
 12 / 16 / 2014

Transaction ID : SB21-0.027821

Amount of Each Disbursement this Period
 1.80

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

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

87738.93

15020104148

**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 checked="" 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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NRSC

A. XEROX CORPORATION

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 202882

City DALLAS State TX Zip Code 75320

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
12 / 11 / 2014

Transaction ID : SB21-0.027777

Amount of Each Disbursement this Period
5967.28

Category/Type

B. YUMA SOLUTIONS, INC.

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement
COMPUTER SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
12 / 18 / 2014

Transaction ID : SB21-0.027890

Amount of Each Disbursement this Period
11879.34

Category/Type

C. SIGNAL LABS

Full Name (Last, First, Middle Initial)
Mailing Address 244 JACKSON ST.
2ND FL.

City SAN FRANCISCO State CA Zip Code 94111

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
12 / 05 / 2014

Transaction ID : SB21-0.027652

Amount of Each Disbursement this Period
5000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 22846.62

TOTAL This Period (last page this line number only)..... 2609323.43

15020104149

**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 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)
NRSC

Full Name (Last, First, Middle Initial)
A. MICHAEL GEARON

Mailing Address **3350 RIVERWOOD PKWY**

City **ATLANTA** State **GA** Zip Code **30339**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
12 / 05 / 2014

Transaction ID : **SB28A-0.027648**

Amount of Each Disbursement this Period
6800.00

Category/Type

Full Name (Last, First, Middle Initial)
B. TARGETED VICTORY

Mailing Address **1033 N FAIRFAX ST.
SUITE 400**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
CONTRIBUTION REFUNDS

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
12 / 12 / 2014

Transaction ID : **SB21-0.027800_B**

Amount of Each Disbursement this Period
91738.72

Category/Type

REFUNDS

Full Name (Last, First, Middle Initial)
C. LINDA ABBOTT

Mailing Address **2706 HAMPTON TRAIL**

City **WOODSTOCK** State **GA** Zip Code **30189**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
12 / 12 / 2014

Transaction ID : **sb28.M151**

Amount of Each Disbursement this Period
20.00

Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **98538.72**

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

15020104150

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176a 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE: 3F
	<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 22 <input 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)
NRSC

Full Name (Last, First, Middle Initial) A. LINDA ABBOTT		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2706 HAMPTON TRAIL		Transaction ID : sb28.M152
City WOODSTOCK	State GA	Zip Code 30189
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 20.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GABRIELG ABSY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address P. O. BOX 19876		Transaction ID : sb28.M268
City HOUSTON	State TX	Zip Code 77224
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAROLYN ADAMS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2645 E. PRINCETON AVE.		Transaction ID : sb28.M054
City FRESNO	State CA	Zip Code 93703
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104151

**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 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

PAGE 2163 OF 2201

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. JAMES ALDERINK

Mailing Address **997 BROOKWOOD CT**

City **FAIRBORN** State **OH** Zip Code **45324**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M269**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MARGARET ALDERMAN

Mailing Address **40813 CALLE GUAPO**

City **INDIO** State **CA** Zip Code **92203**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M406**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MARGARET ALDERMAN

Mailing Address **40812 CALLE GUAPO**

City **INDIO** State **CA** Zip Code **92203**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M407**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104152

**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 216 OF 218
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. MARGARET ALDERMAN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 40813 CALLE GUAPO		Transaction ID : sb28.M414	
City INDIO	State CA	Zip Code 92203	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. GARY ALDINGER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 870 LAKE SHORE RD		Transaction ID : sb28.M162	
City GROSSE POINTE SHORES	State MI	Zip Code 48236	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DONALD ALEXANDER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 513 FIRST ST. P O BOX 245		Transaction ID : sb28.M404	
City ASOTIN	State WA	Zip Code 99402	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only)...	

15020104153

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2760 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
NRSC

A. DONALD ALEXANDER

Full Name (Last, First, Middle Initial)
Mailing Address 513 FIRST ST. P O BOX 245

City ASOTIN State WA Zip Code 99402

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
12 / 12 / 2014

Transaction ID : **sb28.M408**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

B. BARBARA AMOROSO

Full Name (Last, First, Middle Initial)
Mailing Address 12 LAKESIDE LANE

City NORTH BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
12 / 12 / 2014

Transaction ID : **sb28.M391**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

C. CONSTANCE ANDERSON

Full Name (Last, First, Middle Initial)
Mailing Address 239 EAST PARKWAY

City GATLINBURG State TN Zip Code 37738

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
12 / 12 / 2014

Transaction ID : **sb28.M210**

Amount of Each Disbursement this Period
10.00

[MEMO ITEM]

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

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

0.00

15020104154

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176E 7202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE: OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. DAVID ANDERSON

Mailing Address **1822 RIVERFORD ROAD**

City **TUSTIN** State **CA** Zip Code **92780**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M343**

Amount of Each Disbursement this Period
200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ANTHONY ARN

Mailing Address **331 GLEN ARBOR DR.**

City **BELMONT** State **NC** Zip Code **28012**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M229**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CHARLES ASHIRA

Mailing Address **400 N. ORANGE DRIVE**

City **LOS ANGELES** State **CA** Zip Code **90036**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M342**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

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

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

0.00

15020104155

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176f 2207

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 25	<input type="checkbox"/> 29	<input type="checkbox"/> 26
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. JEFFREY ASHUR

Full Name (Last, First, Middle Initial)

Mailing Address 63 NAHANTON AVE

City MILTON State MA Zip Code

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M301**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

B. JANE ASWELL

Full Name (Last, First, Middle Initial)

Mailing Address 1109 BLYKEFORD LANE

City WAKE FOREST State NC Zip Code 27587

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M191**

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C. LARRY AUGSBURGER

Full Name (Last, First, Middle Initial)

Mailing Address 148 W. SHORE LN.

City MONTGOMERY State TX Zip Code 77356

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M449**

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104156

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2766 2202

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 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

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. JAMES BAHAMONDE

Mailing Address 202 APRIL BLOOM LANE

City CARY State NC Zip Code 27519

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M360

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. WALTER BAHLER

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON State IN Zip Code 47977

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M048

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SHIRLEY BALDWIN

Mailing Address 1932 N CASCADE AVE

City COLORADO SPRINGS State CO Zip Code 80907

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M389

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

15020104157

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176H 220Z

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 3F

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. RONALD BANET

Mailing Address **P.O. BOX 2448**

City **PRESCOTT** State **AZ** Zip Code **86302**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M336**

Amount of Each Disbursement this Period: **51.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JAMES M BANOVTZ

Mailing Address **9793 NORWAY LANE**

City **WOODRUFF** State **WI** Zip Code **54568**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M081**

Amount of Each Disbursement this Period: **50.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. RALPH BARBARO

Mailing Address **13515 HUNTING HILL WAY**

City **NORTH POTOMAC** State **MD** Zip Code **20878**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M164**

Amount of Each Disbursement this Period: **100.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ **0.00**

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

15020104158

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21765 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
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		<input type="checkbox"/> 28c	<input type="checkbox"/> 29
			<input type="checkbox"/> 26
			<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. WILLIAM BARDO

Mailing Address **3634 MANTELL AVE**

City **CINCINNATI** State **OH** Zip Code **45236**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M165**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DONALD BARNES

Mailing Address **1020 EVERGREEN TRL**

City **HALIFAX** State **VA** Zip Code **24558**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M435**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DONALD BARNES

Mailing Address **1020 EVERGREEN TRL**

City **HALIFAX** State **VA** Zip Code **24558**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M436**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

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

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

0.00

15020104159

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21765 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
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		<input type="checkbox"/> 25	<input type="checkbox"/> 29	<input type="checkbox"/> 26
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. ROBERT BARNEY

Full Name (Last, First, Middle Initial)

Mailing Address 517 TALBOTT DRIVE

City State Zip Code
WILMORE KY 40390

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
12 / 12 / 2014

Transaction ID : **sb28.M208**

Amount of Each Disbursement this Period
500.00

[MEMO ITEM]

B. WILLIAM BARRICK

Full Name (Last, First, Middle Initial)

Mailing Address 407 WATERVIEW DRIVE

City State Zip Code
POUGHKEEPSIE NY 12601

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
12 / 12 / 2014

Transaction ID : **sb28.M388**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

C. ROBERT BASOLO

Full Name (Last, First, Middle Initial)

Mailing Address 4550 WARWICK
607

City State Zip Code
KANSAS CITY MO 64111

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
12 / 12 / 2014

Transaction ID : **sb28.M056**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

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

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

0.00

15020104160

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276K 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. EDWIN BAUMEIER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 14966 SUMMERS LANE		Transaction ID : sb28.M441	
City MOUNT VERNON	State WA	Zip Code 98273	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. WALTER BAUMOEL JR		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address P.O BOX 20396		Transaction ID : sb28.M248	
City ROANOKE	State VA	Zip Code 24018	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. WALTER BAUMOEL JR		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address P.O BOX 20396		Transaction ID : sb28.M249	
City ROANOKE	State VA	Zip Code 24018	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104161

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176L 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 21 OF 22	
<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)
NRSC

A. DONALD BEEBOUT
Full Name (Last, First, Middle Initial)

Mailing Address 2120 REYN NEW ALBANY RD

City BLACKCLICK State OH Zip Code 43004

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M214

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

B. JOHN BELL
Full Name (Last, First, Middle Initial)

Mailing Address 5535 N. INDIAN TRAIL

City TUCSON State AZ Zip Code 85750

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M183

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

C. ROBERT L. BELLINGAR
Full Name (Last, First, Middle Initial)

Mailing Address 7211 10TH AVE. N.

City ST. PETERSBURG State FL Zip Code 33710

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M297

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

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

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

0.00

15020104162

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176M 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2176M OF 2202	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. JOHN BENSON

Mailing Address **490 OAKRIDGE AVE.**

City **NORTH ATTLEBORO** State **MA** Zip Code

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : **sb28.M222**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MARY LOU BERCARICH

Mailing Address **84 BRIDGEWATER LANE**

City **ORMOND BEACH** State **FL** Zip Code **32174**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : **sb28.M286**

Amount of Each Disbursement this Period
5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CHARLES BERRY

Mailing Address **317 CADLE AVE**

City **EDGEWATER** State **MD** Zip Code **21037**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : **sb28.M004**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

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

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

0.00

15020104163

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176N 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE: OF
	<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 22 <input 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)
NRSC

Full Name (Last, First, Middle Initial) A. CHARLES BERRY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 317 CADLE AVE		Transaction ID : sb28.M005
City EDGEWATER	State MD	Zip Code 21037
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ANDREW BILLIPP		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 6925 PORTWEST DR.SUITE 130		Transaction ID : sb28.M157
City HOUSTON	State TX	Zip Code 77024
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW BILLIPP		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 6925 PORTWEST DR.SUITE 130		Transaction ID : sb28.M168
City HOUSTON	State TX	Zip Code 77024
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104164

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2760 2702

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

Full Name (Last, First, Middle Initial)
A. D. GERALD BING

Mailing Address **P.O. BOX 487**

City **MINDEN** State **NV** Zip Code **89423**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M102**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. LESIA BINGHAM

Mailing Address **12797 HILLCREST DRIVE**

City **LONGMONT** State **CO** Zip Code **80504**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M280**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MARK BLOOMFIELD

Mailing Address **3333 ONEAL PKWY #1**

City **BOULDER** State **CO** Zip Code **80301**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M002**

Amount of Each Disbursement this Period
200.00

[MEMO ITEM]

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

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

0.00

15020104165

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276P 220Z

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. GEROGЕ BODENNER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 856 SOUTH 15TH AVENUE		Transaction ID : sb28.M006	
City STURGEON BAY	State WI	Zip Code 54235	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. SUZANNE BOHANNON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 115 HABERSHAM PLACE		Transaction ID : sb28.M474	
City CARROLLTON	State GA	Zip Code 30117	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. JAMES BPLES		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 9 SLEEPING INDIAN TRAIL		Transaction ID : sb28.M217	
City CODY	State WY	Zip Code 82414	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104166

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217619 2102

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE: OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. DANIEL BRENNAN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1303 JACKSON AVE		Transaction ID : sb28.M421	
City RIVER FOREST	State IL	Zip Code 60305	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. MARK BRINTNALL		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 115 WESTSIDEROAD		Transaction ID : sb28.M117	
City HAMILTON	State MT	Zip Code 59840	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. MARK BRINTNALL		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 115 WESTSIDEROAD		Transaction ID : sb28.M118	
City HAMILTON	State MT	Zip Code 59840	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104167

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21762 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<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 checked="" 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)
NRSC

A. MARK BRINTNALL

Full Name (Last, First, Middle Initial)

Mailing Address 115 WESTSIDEROAD

City HAMILTON State MT Zip Code 59840

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M379**

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B. MARK BRINTNALL

Full Name (Last, First, Middle Initial)

Mailing Address 115 WESTSIDEROAD

City HAMILTON State MT Zip Code 59840

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M450**

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C. MARK BRINTNALL

Full Name (Last, First, Middle Initial)

Mailing Address 115 WESTSIDEROAD

City HAMILTON State MT Zip Code 59840

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M451**

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

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

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

0.00

15020104168

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21765 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE: <u> </u> OF <u> </u>	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
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		<input type="checkbox"/> 25	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. KATHERINE BRITTIN

Full Name (Last, First, Middle Initial)
Mailing Address 160 MAPLE DRIVE

City LOS ALAMOS	State NM	Zip Code 87544
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Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M276**

Amount of Each Disbursement this Period
250.00

[MEMO ITEM]

B. DAVID BROCKWAY

Full Name (Last, First, Middle Initial)
Mailing Address 819 OAK SHADOWS RD.

City CELEBRATION	State FL	Zip Code 34747
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Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M397**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

C. DAVID BROCKWAY

Full Name (Last, First, Middle Initial)
Mailing Address 819 OAK SHADOWS RD.

City CELEBRATION	State FL	Zip Code 34747
---------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M400**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104169

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2776T 2702

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE . OF	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. SCOTT BROOKS

Mailing Address **1676 J D MILLER RD**

City **SANTA ROSA BEACH** State **FL** Zip Code **32459**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M017**

Amount of Each Disbursement this Period
500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DONALD BUCHHEIM

Mailing Address **806 SOUTHSTAR DR**

City **FORT PIERCE** State **FL** Zip Code **34949**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M040**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. LARRY BULLER

Mailing Address **841 SAN ANGELO DR**

City **BISMARCK** State **ND** Zip Code **58504**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M123**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

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

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

0.00

15020104170

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176N 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23
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		<input type="checkbox"/> 24	<input type="checkbox"/> 25
		<input type="checkbox"/> 28c	<input type="checkbox"/> 29
			<input type="checkbox"/> 26
			<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. FRED BUTLER

Mailing Address **18656 FISH ROAD**

City **WILDER** State **ID** Zip Code **83676**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M015**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. NALIN CANINE

Mailing Address **6211 TRUCKEE CT**

City **NEWARK** State **CA** Zip Code **94560**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M180**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DONALD CANTRELL

Mailing Address **5655 W. OASIS**

City **TUCSON** State **AZ** Zip Code **85742**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M093**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

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

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

0.00

15020104171

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176V 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE: OF		
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. FRED CARANO		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1009 CORDGRASS LN		Transaction ID : sb28.M071	
City LELAND	State NC	Zip Code 28451	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. ROBERT CARLSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 6174 DARLEON PL		Transaction ID : sb28.M376	
City ALEXANDRIA	State VA	Zip Code	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. TED CARLSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1816 COVY CT		Transaction ID : sb28.M267	
City CASTLE ROCK	State CO	Zip Code 80104	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104172

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176W 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE . OF	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. MICHAEL CASTELLI		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 12435 SAN YSIDRO STREET		Transaction ID : sb28.M088	
City VICTORVILLE	State CA	Zip Code 92392	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. KIM CAVERLY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 51-5 COMMERCIAL WHARF		Transaction ID : sb28.M179	
City BOSTON	State MA	Zip Code	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. MARILYNN CHADWICK		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 6230 SHARON HILLS ROAD		Transaction ID : sb28.M370	
City CHARLOTTE	State NC	Zip Code 28210	Amount of Each Disbursement this Period 51.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104173

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176X 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. CHARLES CHASE

Mailing Address **3770 GEORGE BUSBEE PARKWAY NW
1117**

City **KENNESAW** State **GA** Zip Code **30144**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M181**

Amount of Each Disbursement this Period
15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CHARLES CHASE

Mailing Address **3770 GEORGE BUSBEE PARKWAY NW
1117**

City **KENNESAW** State **GA** Zip Code **30144**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M182**

Amount of Each Disbursement this Period
15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MICHAEL CHERR

Mailing Address **154 HAILEYS RUN**

City **MONTGOMERY** State **TX** Zip Code **77316**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M312**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

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

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

0.00

15020104174

21764 2202

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		OF	
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. JOAN K CHITIEA

Mailing Address **1980 SILVERLEAF CIRCLE
M207**

City **CARLSBAD** State **CA** Zip Code **92009**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M057**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ROBERT CHURAK

Mailing Address **1747 ELM ST.
HOUSE**

City **DES PLAINES** State **IL** Zip Code **60018**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M358**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. BETTY CLARK

Mailing Address **181 S WOOD DALE**

City **WOOD DALE** State **IL** Zip Code **60191**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M251**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104175

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21767 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 25	<input type="checkbox"/> 29	<input type="checkbox"/> 26
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. CALEN CLINE

Full Name (Last, First, Middle Initial)

Mailing Address 1005 LAKE COPIAH ROAD

City State Zip Code
CRYSTAL SPRINGS MS 39059

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M362

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

B. CALEN CLINE

Full Name (Last, First, Middle Initial)

Mailing Address 1005 LAKE COPIAH ROAD

City State Zip Code
CRYSTAL SPRINGS MS 39059

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M363

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

C. LARRY COFER

Full Name (Last, First, Middle Initial)

Mailing Address 1 PENNSYLVANIA PLACE #219

City State Zip Code
OTTUMWA IA 52501

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M212

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

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

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

0.00

15020104176

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AA 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. DOUG COPPOLA		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 102 NEWELL ST		Transaction ID : sb28.M069	
City CHAPEL HILL	State NC	Zip Code 27516	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DAVID CORMANY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 8094 E KENYON PLACE		Transaction ID : sb28.M216	
City DENVER	State CO	Zip Code 80237	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. CANDY COSTELLO		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 5684 NORTH RD.		Transaction ID : sb28.M213	
City SANFORD	State FL	Zip Code 32771	Amount of Each Disbursement this Period 40.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104177

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AB 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. JOANN M COWANS

Mailing Address 1213 EL MIRADOR DR.

City FULLERTON State CA Zip Code 92835

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M169

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JIMMY COX

Mailing Address 5623 HUMMINGBIRD LANE

City FAIRVIEW State TX Zip Code 75069

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M461

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. LAUREN CRAFT

Mailing Address 3331 W 30TH AVE

City DENVER State CO Zip Code 80211

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M066

Amount of Each Disbursement this Period
2330.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104178

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AC 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. KAREN CRAIG		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 9177 HAWLEY DR.		Transaction ID : sb28.M159	
City KELLER	State TX	Zip Code 76244	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. PAMELA CRONK		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 10610 WESTWOOD DR SW		Transaction ID : sb28.M412	
City LAKEWOOD	State WA	Zip Code 98499	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. CHARLES CROSTON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 23 MARSH BROOK CROSSING		Transaction ID : sb28.M209	
City SANFORD	State ME	Zip Code	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104179

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AD 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b
	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. ROBERT CROWDER

Full Name (Last, First, Middle Initial)

Mailing Address 7425 DOE AVE

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M068

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

B. TERRYL CROWE

Full Name (Last, First, Middle Initial)

Mailing Address 12960 NW CLEMENT LANE

City PORTLAND State OR Zip Code 97229

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M257

Amount of Each Disbursement this Period: 51.00

[MEMO ITEM]

C. MAUREEN CROWLEY

Full Name (Last, First, Middle Initial)

Mailing Address 8436 JESOLO LANE

City SARASOTA State FL Zip Code 34238

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M327

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

15020104180

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AE 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
			<input type="checkbox"/> 25	<input type="checkbox"/> 26
			<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. KENNETH CROWSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 35 FRIENDSHIP LN		Transaction ID : sb28.M285
City COLORADO SPRINGS	State CO	Zip Code 80904
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. GARY CUMMINGS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 106 SANDPIPER CT.		Transaction ID : sb28.M155
City NEW BERN	State NC	Zip Code 28562
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GARY CUMMINGS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 106 SANDPIPER CT.		Transaction ID : sb28.M156
City NEW BERN	State NC	Zip Code 28562
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only)...	

15020104181

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276AF 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b
	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. GARY CUMMINGS

Full Name (Last, First, Middle Initial)

Mailing Address 106 SANDPIPER CT.

City NEW BERN State NC Zip Code 28562

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M158

Amount of Each Disbursement this Period: 10.00

[MEMO ITEM]

B. JAMES DALRYMPLE

Full Name (Last, First, Middle Initial)

Mailing Address 1506 CANALES LN.

City THE VILLAGES State FL Zip Code 32159

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M345

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

C. DONALD DAVENPORT

Full Name (Last, First, Middle Initial)

Mailing Address 38595 COUNTRY ESTATE RD

City BATTLE LAKE State MN Zip Code 56515

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M141

Amount of Each Disbursement this Period: 51.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104182

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176A6 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. DONALD DAVENPORT

Mailing Address **38595 COUNTRY ESTATE RD**

City **BATTLE LAKE** State **MN** Zip Code **56515**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M142**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DIANE DAVIS

Mailing Address **3718 BRISTOL OAKS**

City **LOUISVILLE** State **KY** Zip Code **40299**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M036**

Amount of Each Disbursement this Period
35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ROBERT DE GUIA

Mailing Address **6638 HEATHGROVE DRIVE**

City **EASTVALE** State **CA** Zip Code **92880**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M270**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ **0.00**

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

15020104183

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AA 2202

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 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

PAGE OF

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. ROBERT DELLA PORTA

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 435 CANDLEWOOD WAY

City HARLEYSVILLE State PA Zip Code 19438

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M419

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JAMES DEVITO

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 2 MIZORAS DRIVE

City NASHUA State NH Zip Code 03062

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M029

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DAVID DEWAHL

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 1070 REEF RD
306

City VERO BEACH State FL Zip Code 32963

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M067

Amount of Each Disbursement this Period
250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

15020104184

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21760E 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. CHARLES DILEO		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 517 WIEGAND DR		Transaction ID : sb28.M274
City (MILE POINE)	State LA Zip Code 70094	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TALA DINERMAN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2500 SHALLOWFORD RD 8411		Transaction ID : sb28.M304
City ATLANTA	State GA Zip Code 30345	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. EMORY DIVELY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 532 SNELLING AVE. S.		Transaction ID : sb28.M259
City ST. PAUL	State MN Zip Code 55116	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104185

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AJ 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. ANN DODSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 3 MINISINK TRAIL		Transaction ID : sb28.M206	
City SHAMONG	State NJ	Zip Code	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. JAMES DONLON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 600 PASS CREEK ROAD		Transaction ID : sb28.M113	
City SILVERTHORNE	State CO	Zip Code 80498	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. JOE DOWD		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 21955 E. TALKID AVE.		Transaction ID : sb28.M020	
City PARKER	State CO	Zip Code 80138	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104186

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AX 2107

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1		
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. EDWARD DUNN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1534 TATTERSALL WAY		Transaction ID : sb28.M242
City WEST CHESTER	State PA	Zip Code 19380
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. DONALD EASTERLIN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2826 DEVON ROAD		Transaction ID : sb28.M127
City DURHAM	State NC	Zip Code 27707
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. DONALD EASTERLIN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2826 DEVON ROAD		Transaction ID : sb28.M128
City DURHAM	State NC	Zip Code 27707
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104187

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AL 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. DONALD EASTERLIN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2826 DEVON ROAD		Transaction ID : sb28.M405	
City DURHAM	State NC	Zip Code 27707	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. JERRY EASTER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 835 OLYMPIC DRIVE		Transaction ID : sb28.M149	
City WATERLOO	State IA	Zip Code 50701	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. NICHOLAS EASTLAND		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1420 N 127TH CIRCLE		Transaction ID : sb28.M087	
City OMAHA	State NE	Zip Code 68154	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only)...	

15020104188

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276AM 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. JERALD EICHELBERGER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 22 AUTUMN WOOD		Transaction ID : sb28.M369
City ROCHESTER	State NY	Zip Code 14624
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DENISE ELLIS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 8800 HIGH MEADOWS DRIVE		Transaction ID : sb28.M106
City PLANO	State TX	Zip Code 75025
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 10.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHRIS ELMORE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 17025 WELLINGTON DRIVE		Transaction ID : sb28.M041
City PARKER	State CO	Zip Code 80134
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104189

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21709N 1202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF

<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)
NRSC

Full Name (Last, First, Middle Initial) A. CHRIS ELMORE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 17025 WELLINGTON DRIVE		Transaction ID : sb28.M201
City PARKER	State CO	Zip Code 80134
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. TIM ENGLERT		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 7176 BONETA ROAD		Transaction ID : sb28.M264
City WADSWORTH	State OH	Zip Code 44281
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SHIRLEY EPHRAIM		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 178 DANNELL DRIVE		Transaction ID : sb28.M384
City STAMFORD, CT	State CT	Zip Code 06905
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 180.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104190

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AD 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE: / OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. SHIRLEY EPHRAIM		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 178 DANNELL DRIVE		Transaction ID : sb28.M463
City STAMFORD, CT	State CT	Zip Code
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 180.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ROBERT ESTABROOKS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 8061 DAVENTRY DR		Transaction ID : sb28.M121
City MELBOURNE	State FL	Zip Code 32940
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GERALD EVENSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2263 HWY 65		Transaction ID : sb28.M200
City MORA	State MN	Zip Code 55051
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only)....	

15020104191

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AP 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. A. PETER FELTZ

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 12 / 2014		

Mailing Address 6131 W. WINDROSE DR.

Transaction ID : sb28.M035

City State Zip Code
GLENDALE AZ 85304

Amount of Each Disbursement this Period

Amount
50.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/Type

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOHN FENN

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 12 / 2014		

Mailing Address 8451 N. BURKE DR.

Transaction ID : sb28.M080

City State Zip Code
TUCSON AZ 85742

Amount of Each Disbursement this Period

Amount
25.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/Type

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JUSTIN FERNANDO

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 12 / 2014		

Mailing Address 21 MOUNT VERNON SQUARE

Transaction ID : sb28.M354

City State Zip Code
VERONA NJ 07044

Amount of Each Disbursement this Period

Amount
51.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/Type

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

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

Amount
0.00

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

Amount

15020104192

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AQ 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF	:	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. JAMES FERRARO		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 14830 NORTH 15TH DRIVE		Transaction ID : sb28.M091	
City PHOENIX	State AZ	Zip Code 85023	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BARRY FISHER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 7343 EL CAMINO REAL SUITE 356		Transaction ID : sb28.M464	
City ATASACADERO	State CA	Zip Code 93422	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. WAYNE FISHER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2120 HARTWELL LANE		Transaction ID : sb28.M051	
City INDIAN LAND	State SC	Zip Code 29707	Amount of Each Disbursement this Period 51.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104193

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AR 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

A. MILTON FITZL

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM/DD/YYYY / /

Mailing Address 27696 SADDLE HILL DR

City NEW ULM State MN Zip Code 56073

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M261

Amount of Each Disbursement this Period:

[MEMO ITEM]

B. TERRY FLANAGAN

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM/DD/YYYY / /

Mailing Address 3166 ARIANA DR

City OAKTON State VA Zip Code 22124

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M306

Amount of Each Disbursement this Period:

[MEMO ITEM]

C. LAWRENCE FOSSI

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM/DD/YYYY / /

Mailing Address 60 RIVERSIDE BLVD
3103

City NEW YORK State NY Zip Code 10069

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M243

Amount of Each Disbursement this Period:

[MEMO ITEM]

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

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

15020104194

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AS 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

Full Name (Last, First, Middle Initial) A. BRUCE FOWLER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2111 SULGRAVE AVE		Transaction ID : sb28.M244
City BALTIMORE	State MD	Zip Code 21209
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BRUCE FOWLER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2111 SULGRAVE AVE		Transaction ID : sb28.M245
City BALTIMORE	State MD	Zip Code 21209
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EUGENE FOX		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1208 MESA DEL SOL		Transaction ID : sb28.M377
City FULLERTON	State CA	Zip Code 92833
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 35.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

0.00

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

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15020104195

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AT 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b
	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. ROCHELLE FOX		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 555 MASS AVENUE 301		Transaction ID : sb28.M059
City INDIANAPOLIS	State ID	
Zip Code 46204		Amount of Each Disbursement this Period 20.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FREDERICK FRANKE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2200 OLD RANCH PL.		Transaction ID : sb28.M390
City SANTA ROSA	State CA	
Zip Code 95405		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LARRY FREDERICKSEN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 562 MARMOT		Transaction ID : sb28.M272
City RIDGWAY	State CO	
Zip Code 81432		Amount of Each Disbursement this Period 30.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104196

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176A1 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial) A. LARRY FREDERICKSEN		Date of Disbursement	
Mailing Address 562 MARMOT		MM / DD / YYYY 12 / 12 / 2014	
City RIDGWAY	State CO	Zip Code 81432	Transaction ID : sb28.M398
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period 51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. LARRY FREDERICKSEN		Date of Disbursement	
Mailing Address 562 MARMOT		MM / DD / YYYY 12 / 12 / 2014	
City RIDGWAY	State CO	Zip Code 81432	Transaction ID : sb28.M399
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. JOSEPH FRELINGHUYSEN		Date of Disbursement	
Mailing Address 7106 SE GOLF RIDGE WAY		MM / DD / YYYY 12 / 12 / 2014	
City HOBE SOUND	State FL	Zip Code 33455	Transaction ID : sb28.M392
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104197

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AV 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

Full Name (Last, First, Middle Initial) A. STEVEN FRY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 9227 FOXBORO DR		Transaction ID : sb28.M357
City BRENTWOOD	State TN	Zip Code 37027
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. LYNNE FURTADO		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 104 STILLWATER COURT		Transaction ID : sb28.M351
City HENDERSONVILLE	State TN	Zip Code 37075
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ALBERT GANTZ		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 20 HUNTLY DRIVE		Transaction ID : sb28.M100
City PALM BEACH GARDENS	State FL	Zip Code 33418
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

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

MM / DD / YYYY
12 / 12 / 2014
0.00

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

MM / DD / YYYY
12 / 12 / 2014
0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. MARIA GARCIA		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 7016 WESTMINSTER ST.		Transaction ID : sb28.M293	
City TAMPA	State FL	Zip Code 33635	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. DONNA GARMON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 4360 EARNEY RD		Transaction ID : sb28.M273	
City WOODSTOCK	State GA	Zip Code 30188	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ALLAN GARNAAS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1139 QUAKER HILL COURT		Transaction ID : sb28.M427	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 51.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104199

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2116AX 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. DAVID GARRETT

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address **PO BOX 1677**

City **WEST CHATHAM** State **MA** Zip Code

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M317**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. LUCILLE GENTRY

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address **1201 ATHENS DRIVE**

City **RALEIGH** State **NC** Zip Code **27606**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M060**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. LEWIS GIESEKE

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address **14985 HOERSTER LN**

City **ROGUE RIVER** State **OR** Zip Code **97537**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M070**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104200

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AY 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 27	<input type="checkbox"/> 22 <input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b
	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. KATHRYN GIGOT		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2480 REGINALD HILL		Transaction ID : sb28.M077
City DE PERE	State WI	Zip Code 54115
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	Category/Type

Full Name (Last, First, Middle Initial) B. MARGARITA GOLDBERG		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 25008 SMOKEWOOD WAY		Transaction ID : sb28.M277
City STEVENSON RANCH	State CA	Zip Code 91381
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	Category/Type

Full Name (Last, First, Middle Initial) C. MARCUS W GOLDMAN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 10702 SEA MIST		Transaction ID : sb28.M033
City MAGNOLIA	State TX	Zip Code 77354
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	Category/Type

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104201

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176AZ 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. HERBERT GONZALEZ

Date of Disbursement: MM/DD/YYYY
12/12/2014

Mailing Address: 9779 LAKE DISTRICT LANE

City: ORLANDO State: FL Zip Code: 32832

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: sb28.M111

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. PAM GORDON

Date of Disbursement: MM/DD/YYYY
12/12/2014

Mailing Address: 628 W. 79TH ST.

City: TUKSA State: OK Zip Code: 74132

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: sb28.M228

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ROBERT GRAHAM

Date of Disbursement: MM/DD/YYYY
12/12/2014

Mailing Address: HCR 62 BOX 334

City: SALEM State: MO Zip Code: 65560

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: sb28.M145

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104202

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21763A 2202

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 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

PAGE: OF

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. MICHAEL GREEN

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address **4205 SPRING LAKE PARKWAY**

City **MANSFIELD** State **TX** Zip Code **76063**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M278**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. RONALD GREENWELL

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address **148 HERON DR.**

City **PITTSBURG** State **CA** Zip Code **94565**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M224**

Amount of Each Disbursement this Period
101.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MICHAEL GREGORY

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address **23 JENKINS RD.**

City **LEE** State **NH** Zip Code

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M260**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104203

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217683 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE: 1 OF

<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)
NRSC

Full Name (Last, First, Middle Initial)
A. GEORGE R GRIMWOOD

Mailing Address **8355 ROYALL OAKS DR**

City **GRANITE BAY** State **CA** Zip Code **95746**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M031**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STELLA GUENTHER

Mailing Address **22794 WOODS CREEK RD/**

City **PHILOMATH** State **OR** Zip Code **97370**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M296**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HENRY GUERRERO

Mailing Address **P O BOX 998**

City **KAPAAU** State **HI** Zip Code **96755**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M275**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

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

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

0.00

15020104204

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21768C 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. LELAN GUMM

Mailing Address 139 MARKET ST.

City KOHLER State WI Zip Code 53044

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M115**

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. LELAN GUMM

Mailing Address 139 MARKET ST.

City KOHLER State WI Zip Code 53044

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M116**

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. EMERSON HADLEY

Mailing Address 1720 OAK CREEK TER

City EDMOND State OK Zip Code 73034

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M072**

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

15020104205

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21768b 2202

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. KEVIN HAGER

Mailing Address 3324 JAMESTON DR

City State Zip Code
FLOWER MOUND TX 75028

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : sb28.M240

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAVID HAGUE

Mailing Address 39465 CHAPPELLET CIRCLE

City State Zip Code
MURRIETA CA 92563

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : sb28.M032

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DAVID HAMILTON

Mailing Address 10900 HEFNER POINTE DR. SUITE 404

City State Zip Code
OKLAHOMA CITY OK 73120

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : sb28.M124

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

15020104206

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176BE 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE: OF

<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)
NRSC

Full Name (Last, First, Middle Initial)
A. DAVID HAMILTON

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 10900 HEFNER POINTE DR. SUITE 404

City State Zip Code
OKLAHOMA CITY OK 73120

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID : **sb28.M125**

Amount of Each Disbursement this Period
35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JAMES HARRINGTON

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 6828 OAKLAWN WAY

City State Zip Code
FAIR OAKS CA 95628

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID : **sb28.M294**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JOAN HATTON

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 2941 NE 23RD CT.

City State Zip Code
POMPANO BEACH FL 33062

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID : **sb28.M154**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104207

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2766F 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. RICHARD HAYMOND		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 19001 CHADBOURNE LANE		Transaction ID : sb28.M348	
City SANTA ANA	State CA	Zip Code 92705	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. TERRY HAYS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1603 ADGER ROAD		Transaction ID : sb28.M150	
City COLUMBIA	State SC	Zip Code 29204	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DEBORAH HEAD		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2679 FERDINAND RD		Transaction ID : sb28.M289	
City EL CAJON	State CA	Zip Code 92020	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104208

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217689 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE: _____	OF _____
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
			<input type="checkbox"/> 25	<input type="checkbox"/> 26
			<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. DEBORAH HEAD

Full Name (Last, First, Middle Initial)

Mailing Address 2679 FERDINAND RD

City EL CAJON State CA Zip Code 92020

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M290

Amount of Each Disbursement this Period: 5.00

[MEMO ITEM]

B. CHARLES HEARE

Full Name (Last, First, Middle Initial)

Mailing Address 5212 BAPTIST CIRCLE

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M188

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

C. SALLY HELDERMAN

Full Name (Last, First, Middle Initial)

Mailing Address 12047 HOLLY CT

City LEMONT State IL Zip Code 60439

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M136

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104209

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

216.34 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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)
NRSC

Full Name (Last, First, Middle Initial) A. FRANK HENDERSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 98 BALDWIN AVENUE		Transaction ID : sb28.M386	
City LOCUST VALLEY	State NY	Zip Code 11560	Amount of Each Disbursement this Period 20.14
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. SHARON HENNESSEY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2102 DENNY AVE		Transaction ID : sb28.M446	
City PASCAGOULA	State MS	Zip Code 39567	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. SHARON HENNESSEY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2102 DENNY AVE		Transaction ID : sb28.M447	
City PASCAGOULA	State MS	Zip Code 39567	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104210

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21765 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
NRSC

A. SHARON HENNESSEY

Full Name (Last, First, Middle Initial)

Mailing Address **2102 DENNY AVE**

City **PASCAGOULA** State **MS** Zip Code **39567**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M448**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

B. GEORGE HERMANN

Full Name (Last, First, Middle Initial)

Mailing Address **930KAROS LN**

City **HOUSTON** State **TX** Zip Code **77024**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M140**

Amount of Each Disbursement this Period: **250.00**

[MEMO ITEM]

C. BARRY HESS

Full Name (Last, First, Middle Initial)

Mailing Address **120 NW 44 TH STREET
E-16**

City **LAWTON** State **OK** Zip Code **73505**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M303**

Amount of Each Disbursement this Period: **51.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104211

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217685 2207

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 29
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. MARIE HIGGINS

Full Name (Last, First, Middle Initial)

Mailing Address 8005 SW81ST LOOP

City Ocala State FL Zip Code 34476

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M426

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

B. GARRY HILEMAN

Full Name (Last, First, Middle Initial)

Mailing Address 4002 RUSSELL CREEK ROAD

City ST. PAUL State VA Zip Code 24283

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M235

Amount of Each Disbursement this Period: 5.00

[MEMO ITEM]

C. PATRICIA HILL

Full Name (Last, First, Middle Initial)

Mailing Address 190 N SINGINGWOOD ST
11

City ORANGE State CA Zip Code 92869

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M279

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104212

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176BK 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 25	<input type="checkbox"/> 29	<input type="checkbox"/> 26
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. STERLING HILL

Mailing Address **6219 EVANGELINE DR.**

City **SAN JOSE** State **CA** Zip Code **95123**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M026**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STERLING HILL

Mailing Address **6219 EVANGELINE DR.**

City **SAN JOSE** State **CA** Zip Code **95123**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M349**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STERLING HILL

Mailing Address **6219 EVANGELINE DR.**

City **SAN JOSE** State **CA** Zip Code **95123**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M353**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

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

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

0.00

15020104213

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21763L 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE		OF	
<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 type="checkbox"/> 28a
<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)
NRSC

Full Name (Last, First, Middle Initial) A. THOMAS HIRD		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address P O BOX 2770 - 11246 AIR PARK LN S		Transaction ID : sb28.M350	
City YELM	State WA	Zip Code 98597	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BOB HOBART		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1290 COPPER MOUNTAIN DRIE		Transaction ID : sb28.M385	
City NORTH LIBERTY	State IA	Zip Code 52317	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. STEVE HODLER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 370 NAPOLI CT		Transaction ID : sb28.M190	
City BALLWIN	State MO	Zip Code 63021	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104214

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176BM 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
			<input type="checkbox"/> 25	<input type="checkbox"/> 26
			<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. ALLAN HOEKSTRA		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 35426 N. CEDAR LANE		Transaction ID : sb28.M146
City ROUND LAKE	State IL	Zip Code 60073
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN HOFFMAN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2758 EAGLE HEIGHTS CT		Transaction ID : sb28.M062
City BETTENDORF	State IA	Zip Code 52722
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 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 <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. JAMES E HOFFNER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 631 SANTA FE AVE		Transaction ID : sb28.M318
City DURHAM	State KS	Zip Code 67438
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104215

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2763N 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. RITA HOJNOWSKI		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 517 CECELIA DRIVE		Transaction ID : sb28.M205	
City BLACKWOOD	State NJ	Zip Code	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. ROBERT HOLLOWAY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 16252 2ND PL S		Transaction ID : sb28.M316	
City BURIEN	State WA	Zip Code 98148	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. MICHAEL HORNER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 216 TWIN LAKE TR		Transaction ID : sb28.M170	
City SPRING BRANCH	State TX	Zip Code 78070	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104216

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217680 2202

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 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

PAGE: 1 OF 1

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. DIANE HOUSER

Mailing Address **205 SANTILLO WAY**

City **DOWNINGTOWN** State **PA** Zip Code **19335**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID: **sb28.M012**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ANNE-MARIE HOWE

Mailing Address **36945 SILK TREE CT**

City **WINCHESTER** State **CA** Zip Code **92596**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID: **sb28.M223**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CAROLE HUANG

Mailing Address **1881 N NASH 1908**

City **ARLINGTON** State **VA** Zip Code **22209**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID: **sb28.M133**

Amount of Each Disbursement this Period: **51.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104217

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2763P 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<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)
NRSC

Full Name (Last, First, Middle Initial) A. LINDA HUEY		Date of Disbursement
Mailing Address 1337 PEACEFIELD PLACE		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 12 / 12 / 2014
City	State	Zip Code
TALLAHASSEE	FL	32308
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M219
Candidate Name		Amount of Each Disbursement this Period
		<input type="checkbox"/> \$ 25.00
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. EYNON HUGHES		Date of Disbursement
Mailing Address 26982 W. RUNION DRIVE		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 12 / 12 / 2014
City	State	Zip Code
BUCKEYE	AZ	85396
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M265
Candidate Name		Amount of Each Disbursement this Period
		<input type="checkbox"/> \$ 51.00
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ERNEST HUMBERGER		Date of Disbursement
Mailing Address 8547 ARQUETTE ROAD		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 12 / 12 / 2014
City	State	Zip Code
OREGON	OH	43616
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M073
Candidate Name		Amount of Each Disbursement this Period
		<input type="checkbox"/> \$ 51.00
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="checkbox"/> \$ 0.00
TOTAL This Period (last page this line number only).....	<input type="checkbox"/> \$

15020104218

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217689 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE		OF	
<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 type="checkbox"/> 28a
<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)
NRSC

Full Name (Last, First, Middle Initial) A. EDWARD JACHIMOWSKI		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 35 BIRCHWOOD ROAD		Transaction ID : sb28.M298	
City SEYMOUR	State CT	Zip Code	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. MARY JACKSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 301 CAPRI ARC		Transaction ID : sb28.M302	
City LAS CRUCES	State NM	Zip Code 88005	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. WALTER JARVIS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 35 HIALEAH DR		Transaction ID : sb28.M422	
City ORANGE PARK	State FL	Zip Code 32073	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104219

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

27688 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF		
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. PETER JENSEN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address P.O. BOX 945		Transaction ID : sb28.M090
City COLUMBIA	State MS	Zip Code 39429
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. JACQUELINE JOHN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 3314 NEW TOWN ROAD		Transaction ID : sb28.M308
City MONROE	State NC	Zip Code 28110
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DAVID JOHNSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 6313 LANCASHIRE DRIVE		Transaction ID : sb28.M442
City ROCKWALL	State TX	Zip Code 75243
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number)...	

15020104220

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217686 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. KEVIN JOHNSON

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 9611 BROOKDALE DRIVE
SUITE 100

City CHARLOTTE State NC Zip Code 28215

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M105

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. RALEIGH JOHNSON

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 20 WEST LANE

City HOUSTON State TX Zip Code 77019

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M194

Amount of Each Disbursement this Period
250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. THOMAS JOHNSON

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 800 MAUSOLEUM RD

City INDIANAPOLIS State IN Zip Code 46176

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M207

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104221

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217685 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<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)
NRSC

Full Name (Last, First, Middle Initial) A. WALTER JOHNSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1000 UPTOWN PARK BLV 81		Transaction ID : sb28.M331
City HOUSTON State TX Zip Code 77056	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. REX JONES		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 5900 SW PARKWAY, SUITE 210		Transaction ID : sb28.M021
City AUSTIN State TX Zip Code 78735	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RODNEY JONES		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 747 N 154TH AVE		Transaction ID : sb28.M007
City OMAHA State NE Zip Code 68154	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104222

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217680 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. SHARON JOUPPI

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 1011 WEST WINDEMERE

City ROYAL OAK State MI Zip Code 48073

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M456**

Amount of Each Disbursement this Period
10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JEAN JUDGE

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 717 STONEYBROOK DRIVE

City KETTERING State OH Zip Code 45429

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M192**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JAMES JUNG

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 221 WEST BROADWAY

City GRANVILLE State OH Zip Code 43023

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M049**

Amount of Each Disbursement this Period
250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104223

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21768V 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. ANDREW KADAR

Mailing Address 300 S RODEO DR

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM/DD/YYYY
12 / 12 / 2014

Transaction ID : sb28.M324

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STEFAN KARNAVAS

Mailing Address 1438 RUBENSTEIN AVENUE

City CARDIFF State CA Zip Code 92007

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM/DD/YYYY
12 / 12 / 2014

Transaction ID : sb28.M027

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JIM KEEDY

Mailing Address 11850 PEBBLEPOINTE PASS

City CARMEL State IN Zip Code 46033

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM/DD/YYYY
12 / 12 / 2014

Transaction ID : sb28.M413

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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

15020104224

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176BW 220Z

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. KEVIN KEMPF

Mailing Address 19272 STONE OAK PARKWAY
SUITE 101

City State Zip Code
SAN ANTONIO TX 78258

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

Transaction ID : sb28.M139

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DONNA KETTISH

Mailing Address PO BOX 1194

City State Zip Code
SYKESVILLE MD 21784

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

Transaction ID : sb28.M433

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ERNEST KISS

Mailing Address 4270 BARRYKNOLL DR

City State Zip Code
LOS ANGELES CA 90065

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

Transaction ID : sb28.M074

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

15020104225

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21763x 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial) A. JULIA KONOLA		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address PO BOX 1012		Transaction ID : sb28.M355	
City STERLING	State MA	Zip Code 01564	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. OLEG KONOVALOV		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1485 E. 16TH ST APT 3F		Transaction ID : sb28.M083	
City BROOKLYN	State NY	Zip Code 11230	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. CHARLES KOONS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 75 MAYWOOD ROAD		Transaction ID : sb28.M372	
City DARIEN	State CT	Zip Code 06820	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104226

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176BY 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<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)
NRSC

Full Name (Last, First, Middle Initial)

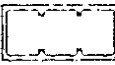
A. NANCY KORMAN

Mailing Address 1600 PEMBROKE JONES DRIVE

City State Zip Code
WILMINGTO NC 28405

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name



Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M266

Amount of Each Disbursement this Period

12.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

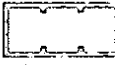
B. ROBERT KRAMER

Mailing Address 174 PLANTATION ROAD

City State Zip Code
CALLAO VA 22435

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name



Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M086

Amount of Each Disbursement this Period

51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

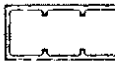
C. RICHARD KRANZMANN@PLANTATIONCABLE.NET

Mailing Address 1261 PLANTERS TRL

City State Zip Code
GREENSBORO GA 30642

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name



Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M094

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

0.00

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

15020104227

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

27683 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<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)
NRSC

Full Name (Last, First, Middle Initial) A. ARNOLD KWIKKEL		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address N49W28570 CHARDON DRIVE		Transaction ID : sb28.M185	
City HARTLAND State WI Zip Code 53029	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 100.00	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	
State: District:			
Full Name (Last, First, Middle Initial) B. KENNETH LA PENTA		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 104 MARC BLVD		Transaction ID : sb28.M313	
City BOONTON State NJ Zip Code	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 100.00	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	
State: District:			
Full Name (Last, First, Middle Initial) C. BENJAMIN LACSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 3671 POWDER HORN DRIVE		Transaction ID : sb28.M471	
City FURLONG State PA Zip Code 18925	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 100.00	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		0.00	
TOTAL This Period (last page this line number only).....		0.00	

15020104228

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276A 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE: OF

<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)
NRSC

Full Name (Last, First, Middle Initial)

A. MICHAEL LANGERAK

Mailing Address 6612 BARRY ST
PO BOX 85

City HUDSONVILLE State MI Zip Code 49426

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M281

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOHN LANTZ

Mailing Address 3262 PRESTON HILLS CIR

City PROSPER State TX Zip Code 75078

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M292

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KIM LARSON

Mailing Address 15405 138TH AVE E

City PUYALLUP State WA Zip Code 98374

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M295

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

0.00

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

15020104229

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CB 220Z

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. PAUL LARSON

Mailing Address **83 COMSTOCK HILL AVE.**

City **NORWALK** State **CT** Zip Code

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M107**

Amount of Each Disbursement this Period: **51.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DOUGLAS LAWS

Mailing Address **2806 QUAIL RUN**

City **ROUND ROCK** State **TX** Zip Code **78681**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M332**

Amount of Each Disbursement this Period: **51.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. GREG LECHEMINANT

Mailing Address **20832 S. TITUS ST.**

City **QUEEN CREEK** State **AZ** Zip Code **85142**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M375**

Amount of Each Disbursement this Period: **100.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

15020104230

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CC 220Z

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

Full Name (Last, First, Middle Initial)

A. CAROLYN LEE

Mailing Address 2545 BELGRADE CT

City State Zip Code
BILOXI MS 39531

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : sb28.M009

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILLIAM LEE

Mailing Address 402 MIDDLEFIE3LD ROAD

City State Zip Code
ATHERTON CA 94027

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : sb28.M215

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KEVIN LEHMAN

Mailing Address 1924 LAKEBROOK CIRCLE

City State Zip Code
DANDRIDGE TN 37725

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : sb28.M415

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

15020104251

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21764D 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE: 07

<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)
NRSC

Full Name (Last, First, Middle Initial)
A. SPENCER LEHMANN

Mailing Address 2145 EAST TAHQUITZ CANYON WAY
SUITE 4-506

City PALM SPRINGS State CA Zip Code 92262

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M321

Amount of Each Disbursement this Period: 250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ROSEANN LEMBERGER

Mailing Address 3909 E MYRTLE CT

City SPOKANE State WA Zip Code 99223

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M187

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JOEL LESON

Mailing Address 9609 OAKINGTON DRIVE

City FAIRFAX STATION State VA Zip Code 22039

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M254

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

15020104232

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176E 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
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			<input type="checkbox"/> 25	<input type="checkbox"/> 26
			<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

A. DAVID LEVIN

Full Name (Last, First, Middle Initial)

Mailing Address 2653 MANDEVILLE WAY

City WEST SACRAMENTO State CA Zip Code 95691

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M016

Amount of Each Disbursement this Period: 51.00

[MEMO ITEM]

B. DAVID LEVIN

Full Name (Last, First, Middle Initial)

Mailing Address 2653 MANDEVILLE WAY

City WEST SACRAMENTO State CA Zip Code 95691

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M367

Amount of Each Disbursement this Period: 51.00

[MEMO ITEM]

C. PAUL LEWIS

Full Name (Last, First, Middle Initial)

Mailing Address 1930 CLOVER ST.

City ROCHESTER State NY Zip Code 14618

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M253

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

15020104233

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CF 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE: 1 OF			
<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b
	<input checked="" type="checkbox"/>										

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. STEPHEN LINEBERRY		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2210 CASCADE LAKES CIRCLE SE		Transaction ID : sb28.M262	
City GRAND RAPIDS	State MI	Zip Code 49546	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ROBERT LISS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 9 SUNSET DRIVE		Transaction ID : sb28.M001	
City ARMONK	State NY	Zip Code 10504	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DONN LITHGOW		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 113 CARRIAGE CT.		Transaction ID : sb28.M310	
City PONTE VEDRA BEACH	State FL	Zip Code 32082	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104234

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217666 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. WESLEY LITTLE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address P. O. BOX 30593		Transaction ID : sb28.M361	
City FLAGSTAFF	State AZ	Zip Code 86003	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BOB LLOYD		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 3064 E LEXINGTON AVE		Transaction ID : sb28.M134	
City GILBERT	State AZ	Zip Code 85234	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BOB LLOYD		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 3064 E LEXINGTON AVE		Transaction ID : sb28.M135	
City GILBERT	State AZ	Zip Code 85234	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104235

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21764 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE: OF	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. JEANINE LONG		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 14730 24TH AVE SE		Transaction ID : sb28.M211	
City MILL CREEK	State WA	Zip Code 98012	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. SUSAN LORENZ		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2908 EAST SHAWNEE DRIVE		Transaction ID : sb28.M042	
City SIERRA VISTA	State AZ	Zip Code 85650	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. SUSAN LORENZ		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2908 EAST SHAWNEE DRIVE		Transaction ID : sb28.M043	
City SIERRA VISTA	State AZ	Zip Code 85650	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104236

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217663 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF	:
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
	<input checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. CAROL LUCE

Mailing Address **2 DOGWOOD RD**

City **BOURNE** State **MA** Zip Code

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M178**

Amount of Each Disbursement this Period: **100.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. TOM LUKEMAN

Mailing Address **13044 E CR 1220N**

City **HAVANA** State **IL** Zip Code **62644**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M143**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. TOM LUKEMAN

Mailing Address **13044 E CR 1220N**

City **HAVANA** State **IL** Zip Code **62644**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M144**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104237

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

237665 2202

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 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

PAGE OF

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. CARL LUNDSTROM

Date of Disbursement: 12 / 12 / 2014

Mailing Address: 1184 HARBOUR COTTAGE CT

City: SANIBEL State: FL Zip Code: 33957

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M008**

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. W. ANDREW LYLE

Date of Disbursement: 12 / 12 / 2014

Mailing Address: 6114 HOLLADAY BLVD

City: SLC State: UT Zip Code: 84121

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M459**

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. W. ANDREW LYLE

Date of Disbursement: 12 / 12 / 2014

Mailing Address: 6114 HOLLADAY BLVD

City: SLC State: UT Zip Code: 84121

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M460**

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104238

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176X 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial) A. W.ANDREW LYLE		Date of Disbursement							
Mailing Address 6114 HOLLADAY BLVD		<table border="1"> <tr> <td>MM</td><td>DD</td><td>YYYY</td> </tr> <tr> <td>12</td><td>12</td><td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City	State	Zip Code	Transaction ID : sb28.M462						
SLC	UT	84121							
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period							
Candidate Name		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>100.00</td> </tr> </table>		Amount	100.00				
Amount									
100.00									
Office Sought:	Disbursement For:	[MEMO ITEM]							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

Full Name (Last, First, Middle Initial) B. MICHAEL M		Date of Disbursement							
Mailing Address 8 EVERETT RD		<table border="1"> <tr> <td>MM</td><td>DD</td><td>YYYY</td> </tr> <tr> <td>12</td><td>12</td><td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City	State	Zip Code	Transaction ID : sb28.M065						
PAINESVILLE	OH	44077							
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period							
Candidate Name		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>500.00</td> </tr> </table>		Amount	500.00				
Amount									
500.00									
Office Sought:	Disbursement For:	[MEMO ITEM]							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

Full Name (Last, First, Middle Initial) C. GEORGE MACAULEY		Date of Disbursement							
Mailing Address 3847 MARI LANE SE		<table border="1"> <tr> <td>MM</td><td>DD</td><td>YYYY</td> </tr> <tr> <td>12</td><td>12</td><td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City	State	Zip Code	Transaction ID : sb28.M028						
OLYMPIA	WA	98513							
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period							
Candidate Name		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>100.00</td> </tr> </table>		Amount	100.00				
Amount									
100.00									
Office Sought:	Disbursement For:	[MEMO ITEM]							
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>0.00</td> </tr> </table>	Amount	0.00
Amount			
0.00			
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td></td> </tr> </table>	Amount	
Amount			

15020104239

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CL 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. MARY MADDOX

Mailing Address 212 HERBERT COURT

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M233

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOHN MALEVICH

Mailing Address 705 NORTH VAN BUREN AVE

City EVELETH State MN Zip Code 55734

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M122

Amount of Each Disbursement this Period

51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MICHAEL MANN

Mailing Address 9007 SILVER FALLS HIGHWAY, S.E.

City AUMSVILLE State OR Zip Code 97325

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M137

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

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

0.00

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

15020104240

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2766M 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF	?	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. MICHAEL MANN

Mailing Address 9007 SILVER FALLS HIGHWAY, S.E.

City AUMSVILLE State OR Zip Code 97325

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M138

Amount of Each Disbursement this Period: 5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MICHAEL MARHEFKA

Mailing Address 71 WEST VINE ST

City MT PLEASANT State PA Zip Code 15666

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M011

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STEVE MARTIN

Mailing Address 936 CAMBRIDGE BEND

City TYLER State TX Zip Code 75703

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M315

Amount of Each Disbursement this Period: 250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104241

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CN 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<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)
NRSC

Full Name (Last, First, Middle Initial) A. ELIZABETH MATEYKA		Date of Disbursement
Mailing Address 1737 POWELL ST		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
ERIE	CO	80516
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M050
Candidate Name		Amount of Each Disbursement this Period
		<input type="text" value="25.00"/>
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. GLEN MAURIELLO		Date of Disbursement
Mailing Address 4932 CARTLEN DR		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLACENTIA	CA	92870
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M338
Candidate Name		Amount of Each Disbursement this Period
		<input type="text" value="100.00"/>
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MICHAEL MCCARTY		Date of Disbursement
Mailing Address 40 MENTON ST		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEW BEDFORD	MA	
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M241
Candidate Name		Amount of Each Disbursement this Period
		<input type="text" value="250.00"/>
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

15020104242

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217660 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<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)
NRSC

Full Name (Last, First, Middle Initial) A. WALTER MCCARTHY		Date of Disbursement							
Mailing Address 703 WILLOW POINTE S. DR.		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City PLAINFIELD	State IN	Zip Code 46168							
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M440							
Candidate Name		Amount of Each Disbursement this Period							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>50.00</td> </tr> </table>		Amount	50.00				
Amount									
50.00									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]							
State:	District:								

Full Name (Last, First, Middle Initial) B. GEORGE MCCLURE		Date of Disbursement							
Mailing Address 4676 DONEGAL CLIFFS DR		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City DUBLIN	State OH	Zip Code 43017							
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M320							
Candidate Name		Amount of Each Disbursement this Period							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount	1000.00				
Amount									
1000.00									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]							
State:	District:								

Full Name (Last, First, Middle Initial) C. GEORGE MCCLURE		Date of Disbursement							
Mailing Address 4676 DONEGAL CLIFFS DR		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City DUBLIN	State OH	Zip Code 43017							
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M424							
Candidate Name		Amount of Each Disbursement this Period							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount	1000.00				
Amount									
1000.00									
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]							
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>0.00</td> </tr> </table>	Amount	0.00
Amount			
0.00			
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td></td> </tr> </table>	Amount	
Amount			

15020104243

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

27689 2202

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 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)
NRSC

Full Name (Last, First, Middle Initial) A. JERALD MCGRATH		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1822 SE 35TH LANE		Transaction ID : sb28.M333
City OCALA	State FL	
Zip Code 34471	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CHRIS MCPHERSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 3157 N. 34 ST.		Transaction ID : sb28.M013
City HOLLYWOOD	State FL	
Zip Code 33021	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ALEJANDRA MELARA		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 15819 PINYON CREEK DR		Transaction ID : sb28.M409
City HOUSTON	State TX	
Zip Code 77095	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104244

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217628 2207

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. CYNTHIA MELLINGER		Date of Disbursement							
Mailing Address 6937 ASWAN DR.		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City	State	Zip Code	Transaction ID : sb28.M097						
CORPUS CHRISTI	TX	78412	Amount of Each Disbursement this Period						
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00					
25.00									
Office Sought:	Disbursement For:	Category/Type	[MEMO ITEM]						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

Full Name (Last, First, Middle Initial) B. CLARENCE MERRITT		Date of Disbursement							
Mailing Address 8341 GREYLOCK DR		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City	State	Zip Code	Transaction ID : sb28.M356						
FORT WORTH	TX	76137	Amount of Each Disbursement this Period						
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00					
100.00									
Office Sought:	Disbursement For:	Category/Type	[MEMO ITEM]						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

Full Name (Last, First, Middle Initial) C. NANCY MIDDLETON		Date of Disbursement							
Mailing Address 10613 E 99TH ST		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City	State	Zip Code	Transaction ID : sb28.M078						
TULSA	OK	74133	Amount of Each Disbursement this Period						
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00					
100.00									
Office Sought:	Disbursement For:	Category/Type	[MEMO ITEM]						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

15020104245

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CR 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. PATRICIA MILLSPAUGH

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 13760 LAUREL ROCK DRIVE

City CLIFTON State VA Zip Code 20124

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M163

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MARVIN MITCHELL

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 130-26TH ST NW #603 #603A

City ATLANTA State GA Zip Code 30309

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M076

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WILLIAM MITCHELL

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 15500 CUTTEN RD # 1008

City HOUSTON State TX Zip Code 77070

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M346

Amount of Each Disbursement this Period
200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104246

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21765 2202

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 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

PAGE: OF:

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. WILLIAM MITCHELL

Date of Disbursement: / /

Mailing Address: 15500 CUTTEN RD # 1008

City: HOUSTON State: TX Zip Code: 77070

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M347**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. LEDYS MONTES

Date of Disbursement: / /

Mailing Address: 10807 MONTICELLO DRIVE

City: GREAT FALLS State: VA Zip Code: 22066

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M114**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WILBURN MOORE

Date of Disbursement: / /

Mailing Address: 2221 CHESTERTOWN DR

City: VIENNA State: VA Zip Code: 22182

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M153**

Amount of Each Disbursement this Period:

[MEMO ITEM]

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

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

15020104247

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CT 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF	?	
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. LOUISE MORSE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1403 REDBUD TRAIL		Transaction ID : sb28.M402
City AUSTIN	State TX	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. LOUISE MORSE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1403 REDBUD TRAIL		Transaction ID : sb28.M403
City AUSTIN	State TX	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 20.14
Candidate Name		[MEMO ITEM]
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARLENE MOSCA		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 27 WEST MURIEL AVE		Transaction ID : sb28.M335
City LONG BEACH TOWNSHIP	State NJ	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104248

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21760 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

Full Name (Last, First, Middle Initial)

A. ROSS MOUNSEY

Mailing Address 502 W 21ST AVE

City SPOKANE State WA Zip Code 99203

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M047

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

B. KATHERINE MULHERIN

Mailing Address 1000 JOHNNIE DODDS BLVD
103

City MOUNT PLEASANT State SC Zip Code 29464

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M271

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

C. BRUCE MULLEN

Mailing Address PO BOX 369

City BROWNS VALLEY State CA Zip Code 95918

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M023

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

0.00

15020104249

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21762X 2202

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 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)
NRSC

Full Name (Last, First, Middle Initial)
A. MORRIS MUNDY

Mailing Address **2904 ANZA AVE**

City **DAVIS** State **CA** Zip Code **95616**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M092**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. NADIM BRIAN MUZAYYIN

Mailing Address **450 W 42ND STREET
MIMA TOWERS #40D**

City **NEW YORK** State **NY** Zip Code **10036**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M282**

Amount of Each Disbursement this Period: **1000.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SHARON NEEDHAM

Mailing Address **19001 PRIDE LANE**

City **CALDWELL** State **ID** Zip Code **83607**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M283**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

15020104250

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2766W 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<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)
NRSC

Full Name (Last, First, Middle Initial) A. JOANNE NICOLAISEN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 638 TERRA CALIFORNIA 4		Transaction ID : sb28.M374
City WALNUT CREEK	State CA	
Zip Code 94595	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JEFFREY NIEMES		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2133 SINTON AVE		Transaction ID : sb28.M085
City CINCINNATI	State OH	
Zip Code 45206	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SPENCER NILSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1989 ST MARYS DRIVE		Transaction ID : sb28.M198
City SALT LAKE CITY	State UT	
Zip Code 84108	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104251

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CX 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					
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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. DANIEL NOLTE

Mailing Address **96 RED OAK RD**

City **FAIRFIELD** State **CT** Zip Code **06824**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M037**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MICHAEL NUESCA

Mailing Address **427 THUNDERHEAD STREET**

City **THOUSAND OAKS** State **CA** Zip Code **91360**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M034**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. VIRGINIA NYRE

Mailing Address **19749 N JOJOBA CT**

City **SURPRISE** State **AZ** Zip Code **85374**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M365**

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104252

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21764 2702

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE: OF			
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. DANIEL O'BRIEN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2077 FIRE OPAL CT		Transaction ID : sb28.M221
City CASTLE ROCK	State CO	Zip Code 80108
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JUNE O'DONOGHUE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2180 OLD WILLOW RD		Transaction ID : sb28.M411
City NORTHFIELD	State IL	Zip Code 60093
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WILLIAM OGLE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 5820 53RD AVE		Transaction ID : sb28.M176
City KEARNEY	State NE	Zip Code 68845
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104253

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176CZ 2207

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE: OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. JOSEPH OLSON

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 12 / 2014		

Mailing Address 6538 TURNING LEAF LANE

Transaction ID : sb28.M126

City INDIANAPOLIS State IN Zip Code 46236

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. DOUGLAS OOLEY

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 12 / 2014		

Mailing Address 683 SOUTH WATERMELON DRIVE

Transaction ID : sb28.M112

City PUEBLO State CO Zip Code 81007

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. FINBAR OREILLY

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12 / 12 / 2014		

Mailing Address 739 CLEARVIEW DR

Transaction ID : sb28.M410

City CHARLESTON State SC Zip Code 29412

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

0.00

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

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15020104254

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DA 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. JOE ORREN

Date of Disbursement: 12 / 12 / 2014

Mailing Address: 103 REDTAIL DR

City: BLUFFTON State: SC Zip Code: 29909

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: sb28.M204

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CAROL PAGE

Date of Disbursement: 12 / 12 / 2014

Mailing Address: 501 VANDERWERKER RD.

City: CHERRY VALLEY State: NY Zip Code: 13320

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: sb28.M084

Amount of Each Disbursement this Period: 5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ZULA PAGNELLA

Date of Disbursement: 12 / 12 / 2014

Mailing Address: 1910 W PALMYRA AVE
119

City: ORANGE State: CA Zip Code: 92868

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: sb28.M225

Amount of Each Disbursement this Period: 1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104255

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DB 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE: 0F	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. ROBERT PALM SR.		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2203 GREEN MILL RD.		Transaction ID : sb28.M038	
City FINKSBURG	State MD	Zip Code 21048	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. HAROD PATTERSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 10392 S CR 400W		Transaction ID : sb28.M401	
City STILESVILLE	State IN	Zip Code 46180	Amount of Each Disbursement this Period 51.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. BARRY PEARL		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1045 OCEAN DRIVE, APT 302		Transaction ID : sb28.M025	
City JUNO BEACH	State FL	Zip Code 33408	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104256

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DC 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE: _____	OF _____
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. TED AND HOLLY PECK		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 7 SOUTH MURPHY WAY		Transaction ID : sb28.M166	
City PRESCOTT	State AZ	Zip Code 86303	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

Full Name (Last, First, Middle Initial) B. CURTIS PEDERSEN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 8000 DRIFTWOOD		Transaction ID : sb28.M052	
City FENTON	State MI	Zip Code 48430	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

Full Name (Last, First, Middle Initial) C. PERRY A. PENDERGRAFT		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 902 S. LAHOMA AVE.		Transaction ID : sb28.M425	
City NORMAN	State OK	Zip Code 73069	Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104257

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217600 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. DIANE PEREIRA

Date of Disbursement: / /

Mailing Address **633 RED ROME LANE**

City **BRENTWOOD** State **CA** Zip Code **94513**

Purpose of Disbursement: **CONTRIBUTION REFUND**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M325**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MADELYN S PERRY

Date of Disbursement: / /

Mailing Address **1226 MADISON AVENUE**

City **WATERTOWN** State **NY** Zip Code **13601**

Purpose of Disbursement: **CONTRIBUTION REFUND**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M444**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WILLIAM PERRY

Date of Disbursement: / /

Mailing Address **11703 RIVERGATE BAY LANE**

City **SODDY DAISY** State **TN** Zip Code **37379**

Purpose of Disbursement: **CONTRIBUTION REFUND**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M393**

Amount of Each Disbursement this Period:

[MEMO ITEM]

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

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

15020104258

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DE 2252

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE: OF			
<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b
	<input checked="" type="checkbox"/>										

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. BARBARA PETERSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 4404 SE FIELDCREST DR.		Transaction ID : sb28.M039	
City MILWAUKIE	State OR	Zip Code 97222	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. DONALD PETERSEN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 18885 NW ASTORIA DR		Transaction ID : sb28.M218	
City PORTLAND	State OR	Zip Code 97229	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. NICK PETERS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 288 SPOTTIS WOODS CT		Transaction ID : sb28.M236	
City CLEARWATER	State FL	Zip Code 33756	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104259

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DF 2207

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE: OF			
<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b
	<input checked="" type="checkbox"/>										

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. JOHN PEZOLD, SR		Date of Disbursement	
Mailing Address 600 BROOKSTONE CENTRE PKWY		MM / DD / YYYY 12 / 12 / 2014	
City COLUMBUS	State GA	Zip Code 31904	Transaction ID : sb28.M330
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1000.00
State: District:	Category/Type		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. JOHN PIKE		Date of Disbursement	
Mailing Address 9109 SETTLERS RD		MM / DD / YYYY 12 / 12 / 2014	
City MADISON	State WI	Zip Code 53717	Transaction ID : sb28.M454
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		51.00
State: District:	Category/Type		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CHRISTINE PIVACEK		Date of Disbursement	
Mailing Address 32 BRANDT DRIVE		MM / DD / YYYY 12 / 12 / 2014	
City MORAGA	State CA	Zip Code 94556	Transaction ID : sb28.M030
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		25.00
State: District:	Category/Type		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104260

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DG 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. RALPH PLANT

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 317 PALOVERDE LANE

City FORT WORTH State TX Zip Code 76112

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M250

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DAVID C. PLEASANTON

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 35 WEST MOUNT VERNON STREET

City SMYRNA State DE Zip Code 19977

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M465

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. BARBARA DENTI POOL

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 3302 RANKIN DR.

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M119

Amount of Each Disbursement this Period
10.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104261

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DA 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. ROBERT POTTS

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Mailing Address 12510 HUNTINGDON LANE

City MINNETONKA State MN Zip Code 55305

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M458

Amount of Each Disbursement this Period: 200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DEATRA PRESUHN

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Mailing Address 3300 NE 164TH ST. #E-2

City RIDGEFIELD State WA Zip Code 98642

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M131

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JOHN J PREWITT SR

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Mailing Address 672 OLATHE WAY

City AURORA State CO Zip Code 80011

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M238

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104262

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DE 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 25	<input type="checkbox"/> 29	<input type="checkbox"/> 26
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. CRYSTAL PRITCHARD		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 617 LACHMAN LANE		Transaction ID : sb28.M326
City PACIFIC PALISADES	State CA	
Zip Code 90272	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HAROLD E PUTNAM JR		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 47 SUNSET DR		Transaction ID : sb28.M431
City BEVERLY	State MA	
Zip Code	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HAROLD E PUTNAM JR		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 47 SUNSET DR		Transaction ID : sb28.M434
City BEVERLY	State MA	
Zip Code	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104263

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276DJ 220Z

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF	?
	<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 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)
NRSC

Full Name (Last, First, Middle Initial)
A. EVA RAMBO

Mailing Address **4860 W. WOODLAND DR.**

City **BLOOMINGTON** State **IN** Zip Code **47404**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M098**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. VINCENT RASOLE

Mailing Address **122 GREENCROFT AVE**

City **STATEN ISLAND** State **NY** Zip Code **10308**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M359**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. LOIS REEDER

Mailing Address **1455 NE 56 COURT**

City **FT LAUDERDALE** State **FL** Zip Code **33334**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M147**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104264

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DK 2102

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE		OF	
<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 type="checkbox"/> 28a
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. JOHN REINHART

Mailing Address **9 MANORWOOD DR**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M453**

Amount of Each Disbursement this Period
5000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ROBERT REYNOLDS

Mailing Address **1104 RIO CIDADE WAY**

City **SACRAMENTO** State **CA** Zip Code **95831**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M022**

Amount of Each Disbursement this Period
250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WILLIAM RICHMOND

Mailing Address **1320 GOLFVIEW STREET**

City **AURORA** State **IL** Zip Code **60506**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M469**

Amount of Each Disbursement this Period
10.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104265

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DL 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE		OF	
<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 type="checkbox"/> 28a
<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b				

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. DELBERT RIDDER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 5814 ENTERPRISE DRIVE		Transaction ID : sb28.M095	
City LINCOLN	State NE	Zip Code 68521	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. DELBERT RIDDER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 5814 ENTERPRISE DRIVE		Transaction ID : sb28.M099	
City LINCOLN	State NE	Zip Code 68521	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DEBORAH ROBERTSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 16326 GINGER RUN WAY		Transaction ID : sb28.M110	
City SUGAR LAND	State TX	Zip Code 77498	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104266

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DM 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE	OF	?
<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)
NRSC

A. CHARLES ROGERS

Full Name (Last, First, Middle Initial)

Mailing Address 16 BEACON HILL DRIVE

City WATERFORD State CT Zip Code 06385

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M044

Amount of Each Disbursement this Period: 25.00

Category/Type: [MEMO ITEM]

B. CHARLES ROGERS

Full Name (Last, First, Middle Initial)

Mailing Address 16 BEACON HILL DR

City WATERFORD State CT Zip Code 06385

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M045

Amount of Each Disbursement this Period: 25.00

Category/Type: [MEMO ITEM]

C. CHARLES ROGERS

Full Name (Last, First, Middle Initial)

Mailing Address 16 BEACON HILL DR

City WATERFORD State CT Zip Code 06385

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M046

Amount of Each Disbursement this Period: 25.00

Category/Type: [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104267

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DN 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
					<input type="checkbox"/> 26
					<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. GARY ROHRER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 6437 JOSEPHINE AVE		Transaction ID : sb28.M177
City EDINA	State MN	Zip Code 55439
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DOYLE ROSE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1601 WINDSOR ST		Transaction ID : sb28.M082
City LANSING	State MI	Zip Code 48906
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. RUTH ROYER READ		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 8975-357 L. WELK DR.		Transaction ID : sb28.M364
City ESCONDIDO	State CA	Zip Code 92026
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104268

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217600 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF	!
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. RUTH ROYER READ

Mailing Address **8975-357 L. WELK DR.**

City **ESCONDIDO** State **CA** Zip Code **92026**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M368**

Amount of Each Disbursement this Period: **15.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MICHAEL RUPPERT

Mailing Address **2401 HOLCOMBE BLVDE. 117**

City **HOUSTON** State **TX** Zip Code **77021**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M089**

Amount of Each Disbursement this Period: **5.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MARK SABOL

Mailing Address **7502 DEVRIES DRIVE**

City **LORTON** State **VA** Zip Code **22079**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M203**

Amount of Each Disbursement this Period: **100.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

15020104269

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21760P 2202

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 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

PAGE : OF

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. PATRICK SALLARULO

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 5742 REVINGTON DRIVE

City NORCROSS State GA Zip Code 30092

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M452

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. PATRICK SALLARULO

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 5742 REVINGTON DRIVE

City NORCROSS State GA Zip Code 30092

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M457

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DAVID SANDERS

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 21543 ELM HURST

City KATY State TX Zip Code 77450

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M337

Amount of Each Disbursement this Period
1500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

15020104270

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217603 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. JOSEPH SARBELLO		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 4902 SCHINDLER DR. S.		Transaction ID : sb28.M467	
City MONMOUTH JUNCTION	State NJ	Zip Code	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. JOSEPH SARBELLO		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 4902 SCHINDLER DR. S.		Transaction ID : sb28.M468	
City MONMOUTH JUNCTION	State NJ	Zip Code	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. BILL SAVAGE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 5854 KENDRICK DRIVE		Transaction ID : sb28.M319	
City RIVERSIDE	State CA	Zip Code 92507	Amount of Each Disbursement this Period 35.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104271

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DR 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 1
	<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 28a <input type="checkbox"/> 22 <input type="checkbox"/> 28b <input type="checkbox"/> 23 <input type="checkbox"/> 28c <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. JAY SCHECHTER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 8 FOX HILL DR.		Transaction ID : sb28.M382
City WARREN	State NJ	
Purpose of Disbursement CONTRIBUTION REFUND	Zip Code 07059	Amount of Each Disbursement this Period 100.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KATHLEEN SCHEERER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 2400S.54TH ST.		Transaction ID : sb28.M366
City LINCOLN	State NE	
Purpose of Disbursement CONTRIBUTION REFUND	Zip Code 68506	Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JOHN SCHILP		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 3 GREEN HILL ROAD		Transaction ID : sb28.M096
City CHESTER	State NJ	
Purpose of Disbursement CONTRIBUTION REFUND	Zip Code	Amount of Each Disbursement this Period 51.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104272

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DS 2207

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<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)
NRSC

Full Name (Last, First, Middle Initial) A. JOHN SCHILP		Date of Disbursement
Mailing Address 3 GREEN HILL ROAD		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City CHESTER	State NJ	Zip Code
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M104
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="100.00"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:	Category/Type

Full Name (Last, First, Middle Initial) B. GERALD SCHOTT		Date of Disbursement
Mailing Address 607 CAMBRIDGE STATION ROAD		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City LOUISVILLE	State KY	Zip Code 40223
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M288
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="25.00"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:	Category/Type

Full Name (Last, First, Middle Initial) C. STEVEN SCHULTZ		Date of Disbursement
Mailing Address N65W15278 BLUE HERON DRIVE		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City MENOMONEE FALLS	State WI	Zip Code 53051
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M018
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="51.00"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:	Category/Type

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

15020104273

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

21768 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 1
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. STANLEY SCHUTZBANK

Mailing Address **24 BEAVER DAM DRIVE**

City **EAST BRUNSWICK** State **NJ** Zip Code

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M199**

Amount of Each Disbursement this Period: **20.14**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ADEL SEDRAK

Mailing Address **716 LA VIDA LN**

City **ARCADIA** State **CA** Zip Code **91007**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M108**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. H. DAVID SEIBEL

Mailing Address **11320 VAIL DRIVE**

City **GUTHRIE** State **OK** Zip Code **73044**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M129**

Amount of Each Disbursement this Period: **51.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

15020104274

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DU 2202

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 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)
NRSC

Full Name (Last, First, Middle Initial) A. THOMAS SEVILLE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 25 FERNRIDGE AVE.		Transaction ID : sb28.M226
City VALLEY PARK State MO Zip Code 63088	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2.00
Candidate Name	Category/Type	[MEMO ITEM]
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) ▼	

Full Name (Last, First, Middle Initial) B. THOMAS SEVILLE		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 25 FERNRIDGE AVE.		Transaction ID : sb28.M227
City VALLEY PARK State MO Zip Code 63088	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 2.00
Candidate Name	Category/Type	[MEMO ITEM]
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) ▼	

Full Name (Last, First, Middle Initial) C. WALTER SHAFER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 24756 EMBAJADORES LANE		Transaction ID : sb28.M172
City MISSION VIEJO State CA Zip Code 92691	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 51.00
Candidate Name	Category/Type	[MEMO ITEM]
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) ▼	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only)...	

15020104275

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DV 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. WALTER SHAFER

Date of Disbursement: MM/DD/YYYY
12 / 12 / 2014

Mailing Address 24756 EMBAJADORES LANE

City MISSION VIEJO State CA Zip Code 92691

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M173

Amount of Each Disbursement this Period: 51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. VANCE SHAFFER

Date of Disbursement: MM/DD/YYYY
12 / 12 / 2014

Mailing Address 4929 WEST CUSTER DRIVE

City BEVERLY HILLS State FL Zip Code 34465

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M019

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DONALD SHAWK

Date of Disbursement: MM/DD/YYYY
12 / 12 / 2014

Mailing Address 104 LEPRECHAUN WAY

City BRISTOL State TX Zip Code 37620

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M197

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104276

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DW 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE . OF	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. DONALD SHAWK

Date of Disbursement: / /

Mailing Address **104 LEPRECHAUN WAY**

City **BRISTOL** State **TN** Zip Code **37620**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M476**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. EMORY SHEPPARD

Date of Disbursement: / /

Mailing Address **145 LAUREL GROVE LN.**

City **BLOWING ROCK** State **NC** Zip Code **28605**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M439**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HOWARD SHEPPARD

Date of Disbursement: / /

Mailing Address **2009 THIRD ST**

City **CERES** State **CA** Zip Code **95307**

Purpose of Disbursement **CONTRIBUTION REFUND**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M130**

Amount of Each Disbursement this Period:

[MEMO ITEM]

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

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

15020104277

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DX 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 21b <input checked="" type="checkbox"/> 28a <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 type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. ED SILBERHORN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 3382 7 LKS W		Transaction ID : sb28.M003
City WEST END	State NC	Zip Code 27376
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. RICHARD SINGER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 544 W PLEASANT COLONY DR		Transaction ID : sb28.M237
City AIKEN	State SC	Zip Code 29803
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. JAMES SKEEN JR		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014
Mailing Address 1824 AVENIDA MIMOSA		Transaction ID : sb28.M371
City ENCINITAS	State CA	Zip Code 92024
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

15020104278

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DY 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial) A. STEVEN SLOAN		Date of Disbursement	
Mailing Address 3410 UNIVERSITY BLVD		MM / DD / YYYY 12 / 12 / 2014	
City DALLAS	State TX	Zip Code 75205	Transaction ID : sb28.M470
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		25.00
State: _____ District: _____	Category/Type		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. STEVEN SLOAN		Date of Disbursement	
Mailing Address 3410 UNIVERSITY BLVD		MM / DD / YYYY 12 / 12 / 2014	
City DALLAS	State TX	Zip Code 75205	Transaction ID : sb28.M479
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		25.00
State: _____ District: _____	Category/Type		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. BETH SMITH		Date of Disbursement	
Mailing Address 1900 PHEASANT BROOK DR		MM / DD / YYYY 12 / 12 / 2014	
City LAUREL	State MT	Zip Code 59044	Transaction ID : sb28.M193
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		51.00
State: _____ District: _____	Category/Type		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only)...	

15020104279

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176DZ 2202

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 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

PAGE OF

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. BRIAN SMITH

Mailing Address **5875 E. ILIFF AVE.
205**

City **DENVER** State **CO** Zip Code **80222**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M024**

Amount of Each Disbursement this Period
10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JEANNETTE SMITH

Mailing Address **33 WHITE OAK ROAD**

City **ASHEVILLE** State **NC** Zip Code **28803**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M171**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JEANNETTE SMITH

Mailing Address **33 WHITE OAK ROAD**

City **ASHEVILLE** State **NC** Zip Code **28803**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M174**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ **0.00**

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

15020104280

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276EA 2207

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. MIKE SMITH

Mailing Address P. O. BOX 52173

City MESA State AZ Zip Code 85208

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M445**

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. TONY SMITH

Mailing Address 9261 E NORTHVIEW COURT

City TUCSON State AZ Zip Code 85749

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M341**

Amount of Each Disbursement this Period: 250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ARTHUR SOLNICK

Mailing Address ONE SUNSET AVENUE

City EAST QUOGUE State NY Zip Code 11942

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M202**

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104281

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

276B 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial) A. GARY SOVA		Date of Disbursement							
Mailing Address 6864 ROBB RD		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City FOWLerville State MI Zip Code 48836		Transaction ID : sb28.M323							
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period							
Candidate Name		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>25.00</td> </tr> </table>		Amount	25.00				
Amount									
25.00									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							
State: District:		[MEMO ITEM]							

Full Name (Last, First, Middle Initial) B. CECIL SOWELL		Date of Disbursement							
Mailing Address 2258 S CENTRAL AVE		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City FLAGLER BEACH State FL Zip Code 32136		Transaction ID : sb28.M307							
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period							
Candidate Name		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>25.00</td> </tr> </table>		Amount	25.00				
Amount									
25.00									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							
State: District:		[MEMO ITEM]							

Full Name (Last, First, Middle Initial) C. WALTER STANCZYC		Date of Disbursement							
Mailing Address 287 MILL ROAD		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>12</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	12	12	2014
MM	DD	YYYY							
12	12	2014							
City UPTON State ME Zip Code 04261		Transaction ID : sb28.M378							
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period							
Candidate Name		<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>30.00</td> </tr> </table>		Amount	30.00				
Amount									
30.00									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							
State: District:		[MEMO ITEM]							

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>0.00</td> </tr> </table>	Amount	0.00
Amount			
0.00			
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td></td> </tr> </table>	Amount	
Amount			

15020104282

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EC 2202

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 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

PAGE: OF

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. PHILLIP STANGER

Mailing Address **1008 SE BELLE AIRE DRIVE**

City **GRANTS PASS** State **OR** Zip Code **97526**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M258**

Amount of Each Disbursement this Period: **100.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. GLEN STARNES

Mailing Address **31185 W 170TH TERRACE**

City **GARDNER** State **KS** Zip Code **66030**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M299**

Amount of Each Disbursement this Period: **35.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DON STARRETT

Mailing Address **2855 INDIANA ST.**

City **GOLDEN** State **CO** Zip Code **80401**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M334**

Amount of Each Disbursement this Period: **100.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ **0.00**

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

15020104283

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176ED 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE: 1 OF 2	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. THOMAS STAUDER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 4800 GREENBELT WAY UNIT 135		Transaction ID : sb28.M239	
City CLARENDON	State TX	Zip Code 79226	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. THOMAS STAUDER		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 4800 GREENBELT WAY UNIT 135 4800 GREENBELT WAY 135		Transaction ID : sb28.M387	
City CLARENDON	State TX	Zip Code 79226	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. HOWARD STEADMAN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 15 KRAFFERT CT.		Transaction ID : sb28.M396	
City NEWARK	State DE	Zip Code 19711	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		[MEMO ITEM]
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104284

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EE 2707

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE: OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. JOHN STELLA

Date of Disbursement

MM	DD	YYYY
12	12	2014

Mailing Address 2 HERITAGE WAY

Transaction ID : sb28.M246

City State Zip Code
ROWLEY MA

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. JOHN STELLA

Date of Disbursement

MM	DD	YYYY
12	12	2014

Mailing Address 2 HERITAGE WAY

Transaction ID : sb28.M247

City State Zip Code
ROWLEY MA

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. JOHN STELLA

Date of Disbursement

MM	DD	YYYY
12	12	2014

Mailing Address 2 HERITAGE WAY

Transaction ID : sb28.M429

City State Zip Code
ROWLEY MA

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

0.00

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

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15020104285

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EF 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2176EF OF 2202	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. RONALD STEPHENS		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 11569 SWAN LAKE DRIVE		Transaction ID : sb28.M175	
City SAN DIEGO	State CA	Zip Code 92131	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. DAVID STEVENSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 5611 TIMBER RIDGE DRIVE		Transaction ID : sb28.M160	
City PROSPECT	State KY	Zip Code 40059	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DAVID STEVENSON		Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 5611 TIMBER RIDGE DRIVE		Transaction ID : sb28.M161	
City PROSPECT	State KY	Zip Code 40059	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104286

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EG 220Z

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. SHERRI STEWART

Mailing Address **24231 AVENIDA BREVE Q**

City **LAGUNA NIGUEL** State **CA** Zip Code **92677**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M322**

Amount of Each Disbursement this Period
15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. WILLIAM STEWART

Mailing Address **BOX 159**

City **STEVENSON** State **MD** Zip Code **21153**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M055**

Amount of Each Disbursement this Period
1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. LYNN STOCKMAN

Mailing Address **PO BOX 4346**

City **CARMEL-BY-THE-SEA** State **CA** Zip Code **93921**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M339**

Amount of Each Disbursement this Period
1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104287

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EH 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE: OF
	<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 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)
NRSC

Full Name (Last, First, Middle Initial) A. SUSAN STRICKLAND		Date of Disbursement
Mailing Address 340 BUFFINGTON DR		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City GILLSVILLE	State GA	Zip Code 30543
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="51.00"/> [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SUSAN STRICKLAND		Date of Disbursement
Mailing Address 340 BUFFINGTON DR		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City GILLSVILLE	State GA	Zip Code 30543
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="51.00"/> [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. RANDOLPH STROMMEN		Date of Disbursement
Mailing Address 11286 AVERY CIR		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City FISHERS	State IN	Zip Code 46038
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="100.00"/> [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

15020104288

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EX 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. RANDOLPH STROMMEN

Mailing Address 11286 AVERY CIR

City FISHERS State IN Zip Code 46038

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M196

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. RANDOLPH STROMMEN

Mailing Address 11286 AVERY CIRCLE

City FISHERS State IN Zip Code 46038

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M475

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. RANDOLPH STROMMEN

Mailing Address 11286 AVERY CIRCLE

City FISHERS State IN Zip Code 46038

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M477

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104289

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EJ 2702

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 25	<input type="checkbox"/> 29	<input type="checkbox"/> 26
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. RANDOLPH STROMMEN

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 11286 AVERY CIRCLE

City FISHERS State IN Zip Code 46038

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M478

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. PATRICIA STYER

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 6629 113TH PLACE S. E.

City BELLEVUE State WA Zip Code 98006

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M167

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DENNIS SUGAR

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 2049 ALBERT CIRCLE

City WILMINGTON State NC Zip Code 28403

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M395

Amount of Each Disbursement this Period
18.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104290

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EK 2207

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 29
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. DENNIS SUGAR

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 2049 ALBERT CIRCLE

City WILMINGTON State NC Zip Code 28403

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M417

Amount of Each Disbursement this Period
18.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HOWARD SUROVIK

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 5309 GREENBROOK DRIVE

City GARLAND State TX Zip Code 75043

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M383

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SONIA F SWEARINGEN

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 2655 SW BEAR PAW TRAIL

City PAM CITY State FL Zip Code 34990

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : sb28.M430

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

15020104291

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

PAGE 27661 OF 2202

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. SONIA F SWEARINGEN

Mailing Address 2655 SW BEAR PAW TRAIL

City PAM CITY State FL Zip Code 34990

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M438**

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. PATRICIA TAIT

Mailing Address 5160 E FORT KING ST

City OCALA State FL Zip Code 34470

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M053**

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JAMES TALLEY

Mailing Address 6701 CANEEL COURT

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 12 / 12 / 2014

Transaction ID : **sb28.M373**

Amount of Each Disbursement this Period: 100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

15020104292

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EM 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE: 1 OF 1			
<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)
NRSC

Full Name (Last, First, Middle Initial) A. GREGG TAMAI		Date of Disbursement	
Mailing Address 36212 DARCY PLACE		MM / DD / YYYY 12 / 12 / 2014	
City MURRIETA	State CA	Zip Code 92562	Transaction ID : sb28.M255
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Candidate Name	Category/Type		100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) B. GREGG TAMAI		Date of Disbursement	
Mailing Address 36212 DARCY PLACE		MM / DD / YYYY 12 / 12 / 2014	
City MURRIETA	State CA	Zip Code 92562	Transaction ID : sb28.M256
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Candidate Name	Category/Type		100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) C. TROY TATE		Date of Disbursement	
Mailing Address 29 DOHENY		MM / DD / YYYY 12 / 12 / 2014	
City LAGUNA NIGUEL	State CA	Zip Code 92677	Transaction ID : sb28.M103
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name		Amount of Each Disbursement this Period
Candidate Name	Category/Type		51.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020104293

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EN 220Z

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE: 2F
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. GLENDA TEER

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 2536 GLENKIRK DRIVE

City BURLINGTON State NC Zip Code 27215

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M231**

Amount of Each Disbursement this Period
25.00
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JOHN E. TELIHO

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 1063 N. VINE ST

City HAZLE TWP State PA Zip Code 18202

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M220**

Amount of Each Disbursement this Period
51.00
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ALAN B. THOMAS

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 1798 W.PLACITA DE OCAMPO

City TUCSON State AZ Zip Code 85704

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M352**

Amount of Each Disbursement this Period
51.00
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

5020104294

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EO 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

Full Name (Last, First, Middle Initial)

A. GLENN DINE THOMAS

Date of Disbursement

MM	DD	YYYY
12	12	2014

Mailing Address 17431 N 124TH AV

Transaction ID : sb28.M416

City State Zip Code
SUN CITY WEST AZ 85375

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. GLENN DINE THOMAS

Date of Disbursement

MM	DD	YYYY
12	12	2014

Mailing Address 17431 N 124TH AV

Transaction ID : sb28.M418

City State Zip Code
SUN CITY WEST AZ 85375

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. JILL THOMAS

Date of Disbursement

MM	DD	YYYY
12	12	2014

Mailing Address 1516 S. BOSTON AVE.
Suite 301

Transaction ID : sb28.M064

City State Zip Code
TULSA OK 74119

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/ Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

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

0.00

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

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15020104295

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EP 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE : <u> </u> OF <u> </u>
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NAME OF COMMITTEE (In Full)
NRSC

A. KATHRYN E THOMAS

Full Name (Last, First, Middle Initial)

Mailing Address 4046 THESSA COVE

City ROSWELL State GA Zip Code 30075

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M058

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

B. ROBERT THOMAS

Full Name (Last, First, Middle Initial)

Mailing Address 1516 S. BOSTON AVE. Suite 301

City TULSA State OK Zip Code 74119

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M063

Amount of Each Disbursement this Period: 2600.00

[MEMO ITEM]

C. CATHERINE THOMPSON

Full Name (Last, First, Middle Initial)

Mailing Address 12789 THACKER HILL CT

City OAK HILL State VA Zip Code 20171

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M443

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104296

**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: 0F			
<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b
	<input checked="" type="checkbox"/>										

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial)
A. PAUL THOMPSON

Mailing Address **2159 SW BRADFORD PL**

City **PALM CITY** State **FL** Zip Code **34990**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M420**

Amount of Each Disbursement this Period: **100.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. BRETT TIBBITTS

Mailing Address **P.O. BOX 10600**

City **ZEPHYR COVE** State **NV** Zip Code **89448**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M344**

Amount of Each Disbursement this Period: **250.00**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SALLY TOWNE

Mailing Address **2975 HERMOSITA DRIVE**

City **GLENDALE** State **CA** Zip Code **91208**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **12 / 12 / 2014**

Transaction ID : **sb28.M314**

Amount of Each Disbursement this Period: **25.00**

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ **0.00**

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

15020104297

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176ER 220Z

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE: OF	
<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)
NRSC

Full Name (Last, First, Middle Initial) A. RALPH TUCKER		Date of Disbursement
Mailing Address 135 COUNTRY CENTER DR. STE F		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City PAGOSA SPRINGS	State CO	Zip Code 81147
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text"/>	Transaction ID : sb28.M423
Candidate Name	Category/Type	Amount of Each Disbursement this Period <input type="text" value="25.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. RALPH TUCKER		Date of Disbursement
Mailing Address 135 COUNTRY CENTER DR. STE F		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City PAGOSA SPRINGS	State CO	Zip Code 81147
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text"/>	Transaction ID : sb28.M437
Candidate Name	Category/Type	Amount of Each Disbursement this Period <input type="text" value="25.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WILLIAM URBAN		Date of Disbursement
Mailing Address 366RAMTOWN GREENVILLE RD		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City HOWELL	State NJ	Zip Code
Purpose of Disbursement CONTRIBUTION REFUND	<input type="text"/>	Transaction ID : sb28.M079
Candidate Name	Category/Type	Amount of Each Disbursement this Period <input type="text" value="25.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

15020104298

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2765 2702

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

A. RONALD VANDENBOOM

Full Name (Last, First, Middle Initial)
Mailing Address 524 RAYNOR AVE

City FRANKSVILLE State WI Zip Code 53126

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M101

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

B. GEORGE VERMILYEA

Full Name (Last, First, Middle Initial)
Mailing Address 7WHIDAH DR.

City HARWICH State MA Zip Code

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M120

Amount of Each Disbursement this Period: 25.00

[MEMO ITEM]

C. EDWARD VERONA

Full Name (Last, First, Middle Initial)
Mailing Address 2 SIXTH STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

Transaction ID : sb28.M132

Amount of Each Disbursement this Period: 1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

15020104299

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176ET 2207

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE: _____	OF: _____
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. GERALD VOLLOY

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 2140 SOUTH BAY LANE

City RESTON State VA Zip Code 20191

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M311**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MEREDITH VON DEM BUSSCHE

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 12831 W MINE TRL

City PEORIA State AZ Zip Code 85383

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M287**

Amount of Each Disbursement this Period
51.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MELINDA VON REIS

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Mailing Address 4801 BONITA BAY BLVD #904

City BONITA SPRINGS State FL Zip Code 34134

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **sb28.M148**

Amount of Each Disbursement this Period
15.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

5020104300

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EU 2262

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE: OF

<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)
NRSC

Full Name (Last, First, Middle Initial)

A. STEPHEN WAGNER

Mailing Address 5254 W. YUMA LN

City BEVERLY HILLS State FL Zip Code 34465

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M230

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JANIS WALKER

Mailing Address 63195 HWY. 10

City WADENA State MN Zip Code 56482

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M380

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JANIS WALKER

Mailing Address 63195 HWY. 10

City WADENA State MN Zip Code 56482

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M381

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

0.00

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

5020104301

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EV 2202

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE OF

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. JANIS WALKER

Mailing Address 63195 HWY. 10

City WADENA State MN Zip Code 56482

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M455

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WILLIAM WARD

Mailing Address 15 ATLANTA

City IRVINE State CA Zip Code 92620

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M428

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LEE WARRAS

Mailing Address 652 LINCOLN

City GROSSE POINTE State MI Zip Code 48230

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M263

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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

15020104302

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EW 2207

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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)
NRSC

A. KAY WATERMAN

Full Name (Last, First, Middle Initial)

Mailing Address 126 ARIETTA SHORES DRIVE

City AUBURNDALE State FL Zip Code 33823

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M184

Amount of Each Disbursement this Period: 51.00

[MEMO ITEM]

B. KAY WATERMAN

Full Name (Last, First, Middle Initial)

Mailing Address 126 ARIETTA SHORES DRIVE

City AUBURNDALE State FL Zip Code 33823

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M186

Amount of Each Disbursement this Period: 51.00

[MEMO ITEM]

C. CLAUDE WERNER

Full Name (Last, First, Middle Initial)

Mailing Address 9441 W JOLIET RD

City PEOTONE State IL Zip Code 60468

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M309

Amount of Each Disbursement this Period: 50.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

5020104303

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176EX 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 checked="" 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)
NRSC

Full Name (Last, First, Middle Initial)
A. BRUCE WHITCOMB

Mailing Address 17594 CAMINITO BALATA

City SAN DIEGO State CA Zip Code 92128

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M472

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DAVE WHITE

Mailing Address PO BOX 221582

City CHANTILLY State VA Zip Code 20153

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M232

Amount of Each Disbursement this Period
100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. FRED WILLIAMS

Mailing Address 5638 S SKYLINE DR

City EVERGREEN State CO Zip Code 80439

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M340

Amount of Each Disbursement this Period
75.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

5020104304

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

217657 2202

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF	:
<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)
NRSC

Full Name (Last, First, Middle Initial)
A. WILLIAMS

Mailing Address **2221 HUMMINGBIRD LN**

City **EDMOND** State **OK** Zip Code **73034**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M432**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. WILLIE WILLIAMS

Mailing Address **4706 23RD PARKWAY**
8

City **TEMPLE HILLS** State **MD** Zip Code **20748**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M284**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. YVONNE WILLIAMS

Mailing Address **8232 LAMBERT DRIVE**

City **HUNTINGTON BEACH** State **CA** Zip Code **92647**

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 12 / 2014

Transaction ID : **sb28.M061**

Amount of Each Disbursement this Period
25.00

[MEMO ITEM]

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

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

0.00

5920104305

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176E3 220Z

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input checked="" 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)
NRSC

Full Name (Last, First, Middle Initial) A. JAMES WILSON			Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 2251 VISTA DR E-302			Transaction ID : sb28.M109	
City JUNEAU	State AK	Zip Code 99801		Amount of Each Disbursement this Period <input type="text" value="250.00"/> [MEMO ITEM]
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type <input type="text"/>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. JEREMY WILSON			Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 6844 STONE GAP COVE			Transaction ID : sb28.M189	
City MEMPHIS	State TN	Zip Code 38141		Amount of Each Disbursement this Period <input type="text" value="10.00"/> [MEMO ITEM]
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type <input type="text"/>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PAUL WINDER			Date of Disbursement MM / DD / YYYY 12 / 12 / 2014	
Mailing Address 1195 RUNWAY CIRCLE			Transaction ID : sb28.M234	
City CLEVELAND	State GA	Zip Code 30528		Amount of Each Disbursement this Period <input type="text" value="51.00"/> [MEMO ITEM]
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type <input type="text"/>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

5020104308

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176FA 2207

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<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)
NRSC

Full Name (Last, First, Middle Initial) A. KEITH WOMBLE		Date of Disbursement
Mailing Address 3475 DEER RUN ROAD		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City BLACKSBURG	State VA	Zip Code 24060
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M252
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="100.00"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. AMANDA WOOD		Date of Disbursement
Mailing Address 713 N OAKLAND STREET		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M014
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="35.00"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. DONALD J. WRIGHT		Date of Disbursement
Mailing Address 5664 N. MORaine HILLS DR.		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City WEST BEND	State WI	Zip Code 53095
Purpose of Disbursement CONTRIBUTION REFUND		Transaction ID : sb28.M473
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text" value="25.00"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

15020104307

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176FB 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 0F

<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)

NRSC

Full Name (Last, First, Middle Initial)

A. DIANA WYMAN

Mailing Address 1411 W 106TH ST.

City BLOOMINGTON State MN Zip Code 55431

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M291

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DEANNA YELTON

Mailing Address 982 AUGUSTA CT

City UNION State KY Zip Code 41091

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M466

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ROSANN YORK

Mailing Address 350 LAKE SHORE DRIVE

City NAPERVILLE State IL Zip Code 60440

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : sb28.M394

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

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

0.00

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

5020104308

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176FC 2202

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE: OF
	<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)
NRSC

Full Name (Last, First, Middle Initial)
A. ALLEN YOUNG

Date of Disbursement: / /

Mailing Address: 11735 CYPRESSWOOD DR

City: HOUSTON State: TX Zip Code: 77070

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M300**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. LEON YOUNGER

Date of Disbursement: / /

Mailing Address: 31 HOLLAWAY BLV

City: BROWNSBURG State: IN Zip Code: 46112

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M010**

Amount of Each Disbursement this Period:

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. FELIX YU

Date of Disbursement: / /

Mailing Address: 6037 MOSSBANK DRIVE

City: RANCHO PALOS VERDES State: CA Zip Code: 90275

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: **sb28.M075**

Amount of Each Disbursement this Period:

[MEMO ITEM]

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

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

5020104309

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

2176FD 2202

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
NRSC

Full Name (Last, First, Middle Initial)

A. KENNETH ZAMORA

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
12	12	2014

Mailing Address 13 CAMINO DE LAS BRISAS

Transaction ID : sb28.M305

City State Zip Code
CORRALES NM 87048

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

[MEMO ITEM]

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

0.00

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

98538.72

5020104310

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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2/10/15
Date of Receipt

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

_____ Date of Receipt

POSTMARK ILLEGIBLE

POSTMARK

FAX

_____ Date of Receipt

OTHER

_____ Date of Receipt or Postmark

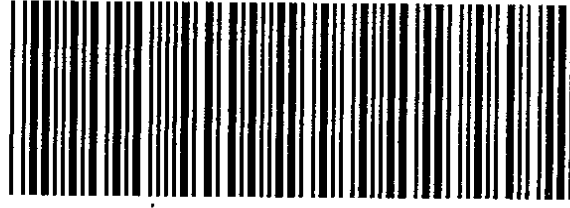
PREPARER

MN

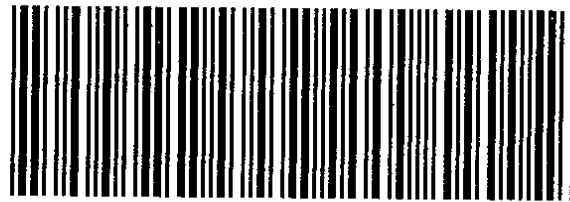
DATE PREPARED

2/10/15

5020104311



SEN PATCH



SEN PATCH

5020104312