SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
McConnell Senate Committee

A.
Full Name (Last, First, Middle Initial): Mr. Harvey Meyerhoff
Mailing Address: 25 S Charles St
City: Baltimore State: MD Zip Code: 21201-3330
Purpose of Disbursement: Refund: Reissue Lost Refund
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 11 / 2015
Amount of Each Disbursement this Period: 1400.00
Transaction ID : BD5F1CF4E2B91498EBC7

B.
Full Name (Last, First, Middle Initial): Mr. Harvey Meyerhoff
Mailing Address: 25 S Charles St
City: Baltimore State: MD Zip Code: 21201-3330
Purpose of Disbursement: Refund: void lost check issued 11/16/14
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 11 / 2015
Amount of Each Disbursement this Period: -1400.00
Transaction ID : B0065431E270442DFB19

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

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