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

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A. Full Name (Last, First, Middle Initial): MARC ROWAN
Mailing Address: 927 FIFTH AVE. #6
City: NEW YORK State: NY Zip Code: 10021
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: 03 / 26 / 2012
Transaction ID : SB28A-0.014238
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): MCCASLAND DENTAL P.A.
Mailing Address: 124 CLUBVIEW DR.
City: LEVELLAND State: TX Zip Code: 79336
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: 03 / 26 / 2012
Transaction ID : SB28A-0.014236
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): MCCASLAND DENTAL P.A.
Mailing Address: 124 CLUBVIEW DR.
City: LEVELLAND State: TX Zip Code: 79336
Purpose of Disbursement: VOID CHECK
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 26 / 2012
Transaction ID : VOID1
Amount of Each Disbursement this Period: -250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 4318.00