

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)

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<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 REPUBLICAN NATIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M06L21a00215 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 749.74</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M06L21a00216 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2399.32</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CINO & COMPANY, LLC</p> <p>Mailing Address 723 SOUTH UNION STREET</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement CONSULTING-PROGRAM DIRECTOR</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009M06L21a00217 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)

8149.06

TOTAL This Period (last page this line number only)