

**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 checked="" 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)

**New Jersey Republican State Committee**

Full Name (Last, First, Middle Initial)

**A. Kyle Melander**

Mailing Address 9 Timmons Hill Drive

City Millstone Twp State NJ Zip Code 08535

Purpose of Disbursement  
In Kind - Travel- Memo below

001

Candidate Name

**REPUBLICAN PARTY OF LOUISIANA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	4

**Transaction ID : B10985119981A4FD6BCA**

Amount of Each Disbursement this Period

2	4	7	.	1	0
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In-Kind Travel

Full Name (Last, First, Middle Initial)

**B. Delta Air Lines**

Mailing Address NJ Turnpike

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
In Kind - Travel - Reimbursement paid to Kyle Melander

001

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
1	0		1	8		2	0	1	4

**Transaction ID : B10985119981A4FD6BZZ**

Amount of Each Disbursement this Period

2	4	7	.	1	0
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**[MEMO ITEM]**  
In-Kind Travel

Full Name (Last, First, Middle Initial)

**C. Sandra Benitez**

Mailing Address 15 Carlaisle Street

City Bergenfield State NJ Zip Code 07621

Purpose of Disbursement  
In Kind - Travel - Memo below

001

Candidate Name

**REPUBLICAN PARTY OF LOUISIANA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	4

**Transaction ID : B7BF394AF25464FB09A1**

Amount of Each Disbursement this Period

3	7	3	.	2	0
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In-Kind Travel

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

6	2	0	.	3	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	2	0	.	3	0
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