

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

End Citizens United

Full Name (Last, First, Middle Initial)

A. Allen, Robert, , ,

Mailing Address Bob 181

City
FerrysburgState
MIZip Code
49409Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2019

FEC Identification Number

C**Transaction ID : VPEP0A94ZN**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bryce, Douglas R, , ,Mailing Address 8665 Florin Rd
Unit 45City
SacramentoState
CAZip Code
95828-2622Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2019

FEC Identification Number

C**Transaction ID : VPEP0A9610**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cox, Nancy, , ,

Mailing Address 9861 S 103Rd St W

City
ClearwaterState
KSZip Code
67026-8052Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2019

FEC Identification Number

C**Transaction ID : VPEP0A950N**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00