

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use 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. Rising, Nelson, , ,

Mailing Address 435 Georgian Rd

City
La Canada FlintridgeState
CAZip Code
91011-3545Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	9		

FEC Identification Number

C**Transaction ID : VPEP0A94D8**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rising, Nelson, , ,

Mailing Address 435 Georgian Rd

City
La Canada FlintridgeState
CAZip Code
91011-3545Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	9		

FEC Identification Number

C**Transaction ID : VPEP0A94D9**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rising, Nelson, , ,

Mailing Address 435 Georgian Rd

City
La Canada FlintridgeState
CAZip Code
91011-3545Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	9		

FEC Identification Number

C**Transaction ID : VPEP0A94DI**

Amount of Each Disbursement this Period

1000.00

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

6400.00