

**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)

Right to Rise USA

Full Name (Last, First, Middle Initial)

A. BARLICK, ROBERT, , ,

Mailing Address 5400 BANYAN TRAIL

City
CORAL GABLESState
FLZip Code
33156Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB28A.I2878**

Amount of Each Disbursement this Period

7026.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARNETT, HOYT, , ,

Mailing Address 5815 LIVE OAK ROAD

City
LAKELANDState
FLZip Code
33813Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB28A.I2882**

Amount of Each Disbursement this Period

11710.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BARNETTE, TOM, , ,

Mailing Address P0 BOX 1398

City
BROOKSVILLEState
FLZip Code
35605Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB28A.I2883**

Amount of Each Disbursement this Period

585.50

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

19321.50