

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. Pittman, Margaret R., , ,

Mailing Address 108 Menasha Trl

City
Lake OrionState
MIZip Code
48362-1224Purpose 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
03	/	14	/	2019

FEC Identification Number

C **Transaction ID : VPEP0A8Y68**

Amount of Each Disbursement this Period

 15.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pittman, Margaret R., , ,

Mailing Address 108 Menasha Trl

City
Lake OrionState
MIZip Code
48362-1224Purpose 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
03	/	14	/	2019

FEC Identification Number

C **Transaction ID : VPEP0A8Y6B**

Amount of Each Disbursement this Period

 15.00☐ 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
Refund to Non-Federal Account

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
03	/	31	/	2019

FEC Identification Number

C **Transaction ID : VPEP0A903C**

Amount of Each Disbursement this Period

 5750.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 5780.00