

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

PAGE 1304 OF 1574

<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)

**NRSC**

Full Name (Last, First, Middle Initial)

**A. HAMBLET, DOROTHY, , ,**

Mailing Address 27 TROON DR.

City  
ROANOKEState  
TXZip Code  
76262Purpose 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	1			1	7			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB28A-0.049**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HANINGER, EMILY, , ,**

Mailing Address P.O. BOX 3359

City  
WESTERVILLEState  
OHZip Code  
43086Purpose 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	1			1	8			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB28A-0.049**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HANNINEN, PAULA, , ,**

Mailing Address 10614 WELLINGTON LN

City  
OSSEOState  
MNZip Code  
55369Purpose 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	1			1	7			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB28A-0.049**

Amount of Each Disbursement this Period

50.00

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

200.00