

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1173 OF 1272

<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) <b>A. SMITH, AMY,</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 807 W GROVE AVENUE			
City VISALIA	State CA	Zip Code 93291	FEC Identification Number C
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB28A-4.000
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 12.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. SMITH, AMY,</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 807 WEST GROVE AVENUE			
City VISALIA	State CA	Zip Code 93291	FEC Identification Number C
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB28A-4.000
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 12.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. GUY, MARLA,</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018	
Mailing Address 411 SPRUCE PL SE			
City CONCORD	State NC	Zip Code 28025	FEC Identification Number C
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : SB28A-4.000
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

49.00