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) ☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE OF

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NAME OF COMMITTEE (In Full): INSURANCE SERVICES OFFICE INC., PAC

A.
Full Name (Last, First, Middle Initial): REPUBLICAN NATIONAL COMMITTEE
Mailing Address: 310 FIRST STREET SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☑ Other (specify) ▼ CONTRIBUTION TO FUND RNC PROGRAMS
Date of Disbursement: MM 09 / DD 20 / YYYY 2017
Amount of Each Disbursement this Period: 108750
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): DEMOCRATIC NATIONAL COMMITTEE
Mailing Address: 430 SOUTH CAPITOL STREET SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☑ Other (specify) CONTRIBUTION TO FUND DNC PROGRAMS
Date of Disbursement: MM 09 / DD 20 / YYYY 2017
Amount of Each Disbursement this Period: 108750
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 217500

TOTAL This Period (last page this line number only) ▶ 217500

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