

**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)

**REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SMITH, REEHANY, , ,**

Mailing Address 54 WHIPPOORWILL DR

City  
PALM COASTState  
FLZip Code  
32164Purpose of Disbursement  
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
05		23		2018

FEC Identification Number

**C****Transaction ID : SB28A-0.046!**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAYLOR, WANDA, , ,**

Mailing Address 146 ANCHORAGE AVE APT 4

City  
CAPE CANAVERALState  
FLZip Code  
32920Purpose of Disbursement  
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
05		23		2018

FEC Identification Number

**C****Transaction ID : SB28A-0.046!**

Amount of Each Disbursement this Period

41.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THURSTON, RAY, , ,**

Mailing Address 1200 QUEENS LANE

City  
JACKSONState  
WYZip Code  
83001Purpose of Disbursement  
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
05		23		2018

FEC Identification Number

**C****Transaction ID : SB28A-0.046**

Amount of Each Disbursement this Period

5000.00

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

5076.00