

**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)

**End Citizens United**

Full Name (Last, First, Middle Initial)

**A. Fizell, Evelyn, , ,**

Mailing Address 631 Carter Ct

City  
MissoulaState  
MTZip Code  
59801-1416Purpose 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
11		06		2019

FEC Identification Number

**C****Transaction ID : 500024854**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Forman, Charles, , ,**

Mailing Address 120 Seaver St

City  
BrooklineState  
MAZip Code  
02445-5719Purpose 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
11		21		2019

FEC Identification Number

**C****Transaction ID : 500025973**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Forster, Barbara, , ,**

Mailing Address 901 S 2Nd St

City  
MinneapolisState  
MNZip Code  
55415-1289Purpose of Disbursement  
Refund to Non-Federal Account

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
11		26		2019

FEC Identification Number

**C****Transaction ID : 500026078**

Amount of Each Disbursement this Period

1300.00

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

2250.00