

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input 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. ATLANTIC METRO

Date of Disbursement: MM / DD / YYYY
01 / 15 / 2020

Mailing Address: 4 CENTURY DRIVE
2ND FLOOR

City: PARSIPPANY State: NJ Zip Code: 07054

Purpose of Disbursement: HQ ACCOUNT - COMPUTER SOFTWARE

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.I1309I**
Amount of Each Disbursement this Period: 1467.14

Memo Item

Full Name (Last, First, Middle Initial)
B. BLACKLANE AIRPORT SERVICES

Date of Disbursement: MM / DD / YYYY
01 / 15 / 2020

Mailing Address: FEURIGSTRASSE 59

City: BERLIN State: XX Zip Code: 10827

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.I1314I**
Amount of Each Disbursement this Period: 244.24

Memo Item

Full Name (Last, First, Middle Initial)
C. BOOKS A MILLION

Date of Disbursement: MM / DD / YYYY
01 / 15 / 2020

Mailing Address: 402 INDUSTRIAL LANE

City: BIRMINGHAM State: AL Zip Code: 35211

Purpose of Disbursement: PUBLICATIONS/BOOKS

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.I1311I**
Amount of Each Disbursement this Period: 57510.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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