

**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)

**NRSC**

Full Name (Last, First, Middle Initial)

**A. REMICH, JAMES, , ,**

Mailing Address 12070 NORTH HICKORY TRACE

City  
ALPHARETTAState  
GAZip Code  
30004-6333Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2019

FEC Identification Number

**C** **Transaction ID : SB28A.I4062**

Amount of Each Disbursement this Period

 500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROWE, WILLIAM, , MR.,**

Mailing Address 260 VALLEY VIEW RD. #4179

City  
ELLIJAYState  
GAZip Code  
30536-9205Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2019

FEC Identification Number

**C** **Transaction ID : SB28A.I3916**

Amount of Each Disbursement this Period

 100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROWE, WILLIAM, , MR.,**

Mailing Address 260 VALLEY VIEW RD. #4179

City  
ELLIJAYState  
GAZip Code  
30536-9205Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2019

FEC Identification Number

**C** **Transaction ID : SB28A.I3917**

Amount of Each Disbursement this Period

 100.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 700.00