

**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 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)  
**NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Gables Group Media</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2022	
Mailing Address 66 Highland St		FEC Identification Number C [ ] <b>Transaction ID : BC039C38CC</b> Amount of Each Disbursement this Period [ ] 1250.00	
City Plymouth	State NH	Zip Code 03264-1237	Category/ Type 010
Purpose of Disbursement Refund of 7/10/2021 and 10/08/2021 Contributions		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hendricks, Diane, M, ,</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2022	
Mailing Address 690 3rd Street Ste 300		FEC Identification Number C [ ] <b>Transaction ID : BA98346B29f</b> Amount of Each Disbursement this Period [ ] - 10000.00	
City Beloit	State WI	Zip Code 53511-6219	Category/ Type 010
Purpose of Disbursement Void of 2020 duplicated refund. Reported twice-10/19/20 & 12/29/20 but issued once		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] - 8750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] - 8750.00