

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

National Republican Senatorial Committee

Full Name (Last, First, Middle Initial)

A. Thomas P. Johnson

Mailing Address 10945 Promesa Dr

City	State	Zip Code
San Diego	CA	92124

 Purpose of Disbursement  
 Contribution Refunds

Candidate Name

 010  
 Category/  
 Type

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

 Transaction ID: SB28A.REF040804-494  
 Date of Disbursement

M	M	D	D	Y	Y	Y	Y
0	4	0	9	2	0	0	4

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. William Johnson

Mailing Address 10089 Medina Dr

City	State	Zip Code
Santee	CA	92071

 Purpose of Disbursement  
 Contribution Refunds

Candidate Name

 010  
 Category/  
 Type

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

 Transaction ID: SB28A.REF040804-495  
 Date of Disbursement

M	M	D	D	Y	Y	Y	Y
0	4	0	9	2	0	0	4

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Darlene Johnston

Mailing Address 7905 Selkirk Dr

City	State	Zip Code
Bakersfield	CA	93309

 Purpose of Disbursement  
 Contribution Refunds

Candidate Name

 010  
 Category/  
 Type

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

 Transaction ID: SB28A.REF040804-496  
 Date of Disbursement

M	M	D	D	Y	Y	Y	Y
0	4	0	9	2	0	0	4

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) ▶

70.00

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