

**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)
GREAT AMERICA PAC

Full Name (Last, First, Middle Initial)

A. NICHOLSON, ROBERT, , ,Mailing Address 1101 PLANTATION ISLAND DR. SOUTH
245City
SAINT AUGUSTINEState
FLZip Code
32080Purpose of Disbursement
REFUND OF CONTRIBUTION

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
07		18		2018

FEC Identification Number

C

Transaction ID : SB28A.I1351

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NICHOLSON, ROBERT, , ,Mailing Address 1101 PLANTATION ISLAND DR. SOUTH
245City
SAINT AUGUSTINEState
FLZip Code
32080Purpose of Disbursement
REFUND OF CONTRIBUTION

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
07		18		2018

FEC Identification Number

C

Transaction ID : SB28A.I1351

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SULLIVAN, BARBARA, , ,Mailing Address 675 HERITAGE HILLS
ECity
SOMERSState
NYZip Code
10589Purpose of Disbursement
REFUND OF CONTRIBUTION

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
07		17		2018

FEC Identification Number

C

Transaction ID : SB28A.I1351

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).....▶

300.00