

**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)

End Citizens United

Full Name (Last, First, Middle Initial)

A. Smith, Amy, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		06		2017

Mailing Address 838 W End Ave

City
New YorkState
NYZip Code
10025-5351Purpose of Disbursement
Refund to non-federal account

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VPEP0A6VCI**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Taylor, Dale, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		06		2017

Mailing Address 2314 N Lincoln Park W
Apt 7NCity
ChicagoState
ILZip Code
60614-3453Purpose of Disbursement
Refund to non-federal account

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VPEP0A6VD6**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tolles, Martha, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		06		2017

Mailing Address 860 Oxford Rd

City
San MarinoState
CAZip Code
91108-1214Purpose of Disbursement
Refund to non-federal account

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : VPEP0A6VDI**

Amount of Each Disbursement this Period

25.00

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

1625.00