

**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"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Right to Rise USA**

Full Name (Last, First, Middle Initial)

**A. E. RANDOLPH LABBE**

Mailing Address 4935 SOUTHWEST BARNES ROAD

City PORTLAND State OR Zip Code 97221

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.I4100**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANDRE LACY**

Mailing Address 450 EAST VERMON STREET

City INDIANAPOLIS State IN Zip Code 46202

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.I4101**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. TERRI LACY**

Mailing Address 2 HEDWIG COURT  
SUITE 4200

City HOUSTON State TX Zip Code 77024

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.I4102**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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