

**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)

NRSC

Full Name (Last, First, Middle Initial)

A. MCMURRAY, DAVID, W., MR., SR.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	9		

Mailing Address P.O. BOX 5694

City
BENDState
ORZip Code
97708-5694Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice 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) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB28A-10068**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCMURRAY, DAVID, W., MR., SR.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	9		

Mailing Address P.O. BOX 5694

City
BENDState
ORZip Code
97708-5694Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice 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) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB28A-10068**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCNAIR, TERRI, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	1	9		

Mailing Address 137 SEWALL DR.

City
FARMINGTONState
MEZip Code
04938-5438Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice 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) ▼		

State: District:

FEC Identification Number

C**Transaction ID : SB28A-1008t**

Amount of Each Disbursement this Period

51.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2051.00

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