

**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. SCHNIERLE, JOSEPH, , ,**

Date of Disbursement

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

Mailing Address 22195 BALMORAL DR.

City  
GROSSE ILEState  
MIZip Code  
48138-1403Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

FEC Identification Number

**C****Transaction ID : SB28A-10046**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHROEDER, AL, , ,**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	2		0	4		2	0	1	9		

Mailing Address 1552 W ETHANS GLEN DRIVE

City  
PALATINEState  
ILZip Code  
60067-4895Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

FEC Identification Number

**C****Transaction ID : SB28A-10017**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHROEDER, PHILLIP, , ,**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	2		1	3		2	0	1	9		

Mailing Address 6687 ROAD 16

City  
CONTINENTALState  
OHZip Code  
45831-9572Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

FEC Identification Number

**C****Transaction ID : SB28A-10051**

Amount of Each Disbursement this Period

50.00

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

135.00