SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial)
Cynthia K Broydrick

Mailing Address 111 E. Kilbourn, Ste 2060

City: Milwaukee
State: WI
Zip Code: 53202-

Purpose of Disbursement
Refund of Contribution refund of contrib

Candidate Name

Category/Type: 010

Office Sought: House / Senate / President
State: District

Disbursement For: 2006
X Primary / General
Other (specify)

Transaction ID: 50708.E3376
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1000.00
TOTAL This Period (last page this line number only) ..... ▶	1000.00