SCHEDULE B — ITEMIZED DISBURSEMENTS — PAGE 1 OF _____

Refunds of Contributions to Individuals — FOR LINE NUMBER 20(a)

NAME OF COMMITTEE(in Full)
Citizens for Tom Petri 084689

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Full Name Mailing Address	Purpose of Disbursement	Date MM/DD/YY	Amount
Harry Barsh 2005 N. Brandywine St. Arlington, VA 22207-	check returned-insufficient funds Disbursement for [X]General	11/27/98	$250.00
SUBTOTAL of Disbursements This Page.....>			$250.00
TOTAL This Period.....>			$250.00