SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 17 [ ] 18 [ ] 19a [ ] 19b
[X] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Nebraska Families for Pete Ricketts, Inc.

A. Full Name (Last, First, Middle Initial)
Thomas L Kempner

Mailing Address 61 Broadway

City: New York
State: NY
Zip Code: 10006-2701

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type: 010

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: 2006
[ ] Primary [X] General
[ ] Other (specify)

Transaction ID: 61122.E3544
Date of Disbursement: M M 11 / D D 16 / Y Y Y Y 2006

Amount of Each Disbursement this Period: 250.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 250.00

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