

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Brownback for President

A. Full Name (Last, First, Middle Initial) Louise Dykstra <hr/> Mailing Address PO Box 1212 <hr/> City Riverside State IL Zip Code 60546-0612 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5A9A08C6A9FA4294822 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Louise Dykstra <hr/> Mailing Address PO Box 1212 <hr/> City Riverside State IL Zip Code 60546-0612 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD959595DFD914A2EAEB Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ruth Fink <hr/> Mailing Address 534 S. Kansas Ave Suite 805 <hr/> City Topeka State KS Zip Code 66603-3430 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B345CC0EDB61C4EF7B10 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	(Empty box)