

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Aid Association for Lutherans-PAC

| Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| The Sensesbender Committee Post Office Box 575 Milwaukee, WI 53008- | Contribution Refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 08/19/97 | \$-125.00 |
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| SUBTOTAL of Disbursements This Page (optional) | \$-125.00 |
| TOTAL This Period (last page this line number only) | \$-125.00 |