Image# 12950170128

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
WOMEN'S ACTION FOR NEW DIRECTIONS INC (WAND)

A.
Full Name (Last, First, Middle Initial)
KELDA HELEN ROYS
Mailing Address PO BOX 231
City: MADISON State: WI Zip Code: 53701
Purpose of Disbursement: Donation
Category/Type: 001
Candidate Name
Office Sought: [X] House [ ] Senate [ ] President
State: WI District: 02
Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 15 / 2011
Transaction ID : SB23.5255
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 3500.00