

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 961 OF 961

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LEAH FOR SENATE

Full Name (Last, First, Middle Initial) A. LEEF, MARGARET, , ,				Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2018	
Mailing Address W284N5061 ROOSEVELTS QUAY					
City PEWAUKEE		State WI	Zip Code 53072-1777		
Purpose of Disbursement REFUND: REFUND OF EXCESSIVE CONTRIBUTION			010		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
Full Name (Last, First, Middle Initial)				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement					
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
Full Name (Last, First, Middle Initial)				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement					
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
Full Name (Last, First, Middle Initial)				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement					
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
SUBTOTAL of Disbursements This Page (optional).....▶				1900.00	
TOTAL This Period (last page this line number only).....▶				51700.00	