

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Unintimidated PAC**

Full Name (Last, First, Middle Initial)

**A. FRED LUBER**

Mailing Address 777 N PROSPECT AVE

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.I829**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DAVID LUDINGTON**

Mailing Address 244 E LARKSPUR LN

City ONALASKA State WI Zip Code 54650

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.I830**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOE MASTERSON**

Mailing Address 1285 GULF SHORE BLVD  
8B

City NAPLES State FL Zip Code 34102

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.I831**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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