

**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)

PAGE 1 OF 1

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

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NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF THE 6TH DISTRICT OF WISCONSIN

Full Name (Last, First, Middle Initial)

| | | |
|---|--|---|
| <p>A.</p> <p>MICHELIS FOR U.S. SENATE</p> <p>Mailing Address 8665 EASTMOUND DR. SUITE 130 City: WAUKESHA State: WI Zip Code: 53186</p> <p>Purpose of Disbursement Primary Debt Reduction Contributions</p> <p>Candidate Name TIM MICHELIS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2004</p> <p>Amount of Each Disbursement this Period , 2,000.00</p> |
|---|--|---|

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|--|--|---|
| <p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Date of Disbursement M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> |
|--|--|---|

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|--|--|---|
| <p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Date of Disbursement M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> |
|--|--|---|

| | |
|--|-------------------|
| <p>SUBTOTAL of Disbursements This Page (optional) ▶</p> | <p>, 2,000.00</p> |
| <p>TOTAL This Period (last page this line number only) ▶</p> | <p>, 2,000.00</p> |