

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 196			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Duffy for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. BRAUER, STEPHEN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2019		
Mailing Address 11250 HUNTER DRIVE			FEC Identification Number <b>C</b>		
City BRIDGETON	State MO	Zip Code 63044			
Purpose of Disbursement REFUND OF CONTRIBUTION			Transaction ID : <b>SB20A.I11987</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
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) <b>B. BRUKARDT, KAREN, K, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2019		
Mailing Address 2288 COUNTY ROAD ZZ			FEC Identification Number <b>C</b>		
City DE PERE	State WI	Zip Code 54115			
Purpose of Disbursement REFUND OF CONTRIBUTION			Transaction ID : <b>SB20A.I11914</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
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) <b>C. BRUNS, BARBARA, M, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2019		
Mailing Address S1W31433 HICKORY HOLLOW CT			FEC Identification Number <b>C</b>		
City DELAFIELD	State WI	Zip Code 53018			
Purpose of Disbursement REFUND OF CONTRIBUTION			Transaction ID : <b>SB20A.I11915</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3025.00
<b>TOTAL</b> This Period (last page this line number only).....▶	