SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 28a

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NAME OF COMMITTEE (In Full)

Minnesota Democratic Farmer Labor Party C-00025254

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CARL ETTER 1232 E 7TH STREET DULUTH, MN 55805	CONTRIBUTION REFUND Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/02/97	100.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
JOANNE JOHNSON 825 ESSEX PARKWAY NW #109 SAINT PAUL, MN 55116	CONTRIBUTION REFUND Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/02/97	62.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
IVAN POLICOFF 4380 REILAND LANE ST. PAUL, MN	CONTRIBUTION REFUND Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/10/97	50.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	212.00
TOTAL This Period (last page this line number only)	212.00