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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
DEMINT FOR CONGRESS COMMITTEE

A.
Full Name (Last, First, Middle Initial)
DeMint for Senate Commitee

Mailing Address PO Box 12425

City: Columbia
State: SC
Zip Code: 29211

Purpose of Disbursement: Campaign Contribution
Candidate Name:
Category/Type: 011

Office Sought: House / X Senate / President
State: SC District:

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB21.4189
Date of Disbursement: 06 / 03 / 2004

Amount of Each Disbursement this Period: 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
DeMint for Senate Commitee

Mailing Address POB 12425

City: Columbia
State: SC
Zip Code: 29211

Purpose of Disbursement: Campaign Contribution
Candidate Name: DeMint for Senate Commitee
Category/Type: 011

Office Sought: House / X Senate / President
State: SC District:

Disbursement For: 2004
Primary / General / X Other (specify) Runoff

Transaction ID: SB21.4191
Date of Disbursement: 06 / 03 / 2004

Amount of Each Disbursement this Period: 790.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1790.43
TOTAL This Period (last page this line number only) ..... ▶	1790.43