

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
JUSTIN AMASH FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Piryx  Mailing Address 401 W. 15th St. Ste. 520 Ste 520  City Austin State TX Zip Code 78701  Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.4662 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0  Amount of Each Disbursement this Period 0.90
<b>B.</b>	Full Name (Last, First, Middle Initial) Piryx  Mailing Address 401 W. 15th St. Ste. 520 Ste 520  City Austin State TX Zip Code 78701  Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.4663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0  Amount of Each Disbursement this Period 0.90
<b>C.</b>	Full Name (Last, First, Middle Initial) Piryx  Mailing Address 401 W. 15th St. Ste. 520 Ste 520  City Austin State TX Zip Code 78701  Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.4673 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0  Amount of Each Disbursement this Period 1.13

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2.93
<b>TOTAL</b> This Period (last page this line number only) .....	