

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

A.	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8680 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 4.50
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8681 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 0.90
C.	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.8682 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 4.50

SUBTOTAL of Disbursements This Page (optional)		9.90	
TOTAL This Period (last page this line number only)			