

SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
for each category of the
Detailed Statement Page

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FOR LINE NUMBER
20(a)

Refunds of Contributions to Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Stabenow for Senate C00344473

A. Full Name, Mailing Address and ZIP Code David Eich 177 Abbott Woods Dr East Lansing, MI 48823	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/31/00	Amount of Each Disbursement This Period \$100.00
B. Full Name, Mailing Address and ZIP Code Jane B Hart 2700 Calvert St NW #108 Washington, DC 20008-3343	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/24/00	Amount of Each Disbursement This Period \$250.00
C. Full Name, Mailing Address and ZIP Code G W Jim Johnson III 2 Cromwell Ln Mendham, NJ 07946	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/30/00	Amount of Each Disbursement This Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code LeVan Hawkins Food Group 807 Shelby #300 Detroit, MI 48228	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/24/00	Amount of Each Disbursement This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Kathryn A Light 1115 S Lincoln St PO Box 2148 Bay City, MI 48707-0731	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/16/00	Amount of Each Disbursement This Period \$100.00
F. Full Name, Mailing Address and ZIP Code Eugene C Montgomery 3101 Boardwalk #1012-1 Atlantic City, NJ 08401	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/30/00	Amount of Each Disbursement This Period \$200.00
G. Full Name, Mailing Address and ZIP Code Lucile M. Portwood 1815 Hamilton PO Box 76 Okemos, MI 48865-0431	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/12/00	Amount of Each Disbursement This Period \$100.00
H. Full Name, Mailing Address and ZIP Code Richard J Seble 5763 Wellwood Rochester, MI 48308	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/30/00	Amount of Each Disbursement This Period \$2,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$4,760.00

TOTAL This Period (last page this line number only)

\$4,760.00