

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedules for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
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NAME OF COMMITTEE (In Full)
 DeMint For Congress Committee

3. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Phill Kline 8651 Hauser Ct. Shawnee Mission, KS 66215-	Contribution KS-03 Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2000	10/03/200	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$1000.00
TOTAL This Period (last page this line number only)	\$1000.00