

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
DeMint For Congress Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Vince Ellison 4464 Divine St. Suite I-57 Columbia, SC 29205-	Contribution SC-06 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify: General 2000	10/31/200	\$1000.00

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