

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE (TRUSTPAC)

A.

Full Name (Last, First, Middle Initial)  
SUE MYRICK FOR CONGRESS

Transaction ID: SB23.7818

Date of Disbursement

Mailing Address P.O. Box 37091

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

City State Zip Code  
Charlotte NC 28237

Amount of Each Disbursement this Period

1500.00
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Purpose of Disbursement

011
Category/ Type

Candidate Name  
SUE MYRICK FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 09

SUBTOTAL of Disbursements This Page (optional) ..... ►

1500.00
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TOTAL This Period (last page this line number only) ..... ►

1500.00
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