

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER
20a

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NAME OF COMMITTEE (In Full)

Frist 2000, Inc.

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Celine Hale P. O. Box 440 Williamstown, NJ 08094-	Excessive contribution Disbursement Code <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/2001	1,850.00
Debra Powell 609 Lark Meadow Drive Knoxville, TN 37922-	Refund Disbursement Code <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/16/2001	1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$2,850.00

TOTAL This Period (last page this line number only)

\$2,850.00