

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 133

17 18 19a 19b
 20a 20b 20c 21

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)
Friends of Johnnie Byrd

Full Name (Last, First, Middle Initial)
A. John F. Kirtley

Mailing Address 601 N Ashley Dr Ste 300

City Tampa State FL Zip Code 33602-

Purpose of Disbursement
Refund of Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 0708200422E1672
Date of Disbursement

MM / DD / YYYY
07 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

Full Name (Last, First, Middle Initial)
B. Kimberly Kirtley

Mailing Address 601 N Ashley Dr Ste 300

City Tampa State FL Zip Code 33602-

Purpose of Disbursement
Refund of Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 0708200422E1673
Date of Disbursement

MM / DD / YYYY
07 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

Full Name (Last, First, Middle Initial)
C. Denielle M. Landers

Mailing Address 2185 7th Avenue SE

City Vero Beach State FL Zip Code 32962-

Purpose of Disbursement
Refund of Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: 0722200434E1922
Date of Disbursement

MM / DD / YYYY
07 / 20 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

TOTAL This Period (last page this line number only) ▶