

SCHEDULE B ITEMIZED DISBURSEMENTS

Use Separate Schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
20a

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NAME OF COMMITTEE(In Full) BYRUM FOR CONGRESS

C00344606

Full Name, Mailing Address and ZIP Code LUCILE PORTWOOD P.O. BOX 76 OKEMOS MI 48805	Purpose of Disbursement: REFUND OF EXCESS CONTRIBUTION CC - FUNDRAISER COST	Date (month, day, year) 04/30/2000	Amount of Each Disbursement this Period \$325.00
	Disbursements For: Primary		
Full Name, Mailing Address and ZIP Code LUCILE PORTWOOD P.O. BOX 76 OKEMOS MI 48805	Purpose of Disbursement: REFUND OF EXCESS CONTRIBUTIONCC - FUNDRAISER	Date (month, day, year) 06/13/2000	Amount of Each Disbursement this Period \$100.00
	Disbursements For: Primary		
Full Name, Mailing Address and ZIP Code DART BANK 368 S PARK ST MASON MI 48854	Purpose of Disbursement: BOUNCED CHECK AND BANK FEE CC - MISCELLANEOU	Date (month, day, year) 05/30/2000	Amount of Each Disbursement this Period \$104.00
	Disbursements For: Primary		

SUBTOTAL of Receipts This Page (optional)

\$529.00

TOTAL This Period (last page this line number only)

\$529.00