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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
YELLOW ROADWAY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue SE

City: Washington
State: DC
Zip Code: 20003

Purpose of Disbursement
Rely on Your Beliefs Fund

Candidate Name
RELY ON YOUR BELIEFS FUND

Office Sought: X House / Senate / President
State: MO District: 7

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.7062
Date of Disbursement
09 / 07 / 2005

Amount of Each Disbursement this Period
1000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1000.00

TOTAL This Period (last page this line number only) ..... ▶ 1000.00