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

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NAME OF COMMITTEE (In Full)
Massachusetts Mutual Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Rely on Your Beliefs Fund

Mailing Address
1736 East Sunshine Suite 913

City: Springfield
State: MO
Zip Code: 65804

Purpose of Disbursement
Contribution: Rely on Your Beliefs Fund

Candidate Name
Rely on Your Beliefs Fund

Office Sought: House / Senate / President
State: District:

Disbursement For: 2003
Primary / General / X Other (specify) ▼
Other

Category/Type
Contribution: Rely on Your Beliefs Fund

Date of Disbursement
04 29 2003

Amount of Each Disbursement this Period
5000.00

Transaction ID: D3733

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**5000.00**
TOTAL This Period (last page this line number only) ..... ▶	**19000.00**