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)
American Council of Life Insurers PAC

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

Mailing Address
1300 Pennsylvania Ave., NW Suite 700
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
Contribution: Rely on Your Beliefs Fund

Candidate Name
Rely on Your Beliefs Fund (MO-R)

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

Disbursement For: 2002
Primary / General / X Other (specify) ▼
Other

Category/Type
Contribution: Rely on Your Beliefs Fund (MO-R)

Date of Disbursement
10 / 10 / 2002

Amount of Each Disbursement this Period
2500.00

Transaction ID: D8914

B.
Full Name (Last, First, Middle Initial)
Garrett for Congress 2002

Mailing Address
P.O. Box 905
City: Newton State: NJ Zip Code: 07860

Purpose of Disbursement
Contribution: Scott Garrett (NJ-5-R)

Candidate Name
Scott Garrett (NJ-5-R)

Office Sought: X House / Senate / President
State: NJ District: 5

Disbursement For: 2002
Primary / X General / Other (specify) ▼

Category/Type
Contribution: Scott Garrett (NJ-5-R)

Date of Disbursement
10 / 10 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: D8915

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

TOTAL This Period (last page this line number only) ..... ▶ **43790.00**