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: 01 / 28 / 2002

Amount of Each Disbursement this Period: 2500.00

Transaction ID: D8671

B. Full Name (Last, First, Middle Initial)
Scott Arney for Congress

Mailing Address
210 South Elm Street — Suite A
City: Denton — State: TX — Zip Code: 76201

Purpose of Disbursement
Contribution: Scott Arney (TX-25-R)

Candidate Name
Scott Arney (TX-25-R)

Office Sought: X House / Senate / President
State: TX District: 25

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

Category/Type: Contribution: Scott Arney (TX-25-R)

Date of Disbursement: 01 / 28 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: D8673

C. Full Name (Last, First, Middle Initial)
New Republican Majority Fund

Mailing Address
201 North Union Street — Suite 530
City: Alexandria — State: VA — Zip Code: 22314

Purpose of Disbursement
Contribution: New Republican Majority Fu

Candidate Name
New Republican Majority Fund (MS-??-R)

Office Sought: House / Senate / President
State: MS District: 0

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

Category/Type: Contribution: New Republican Majority Fund (MS-??-R)

Date of Disbursement: 01 / 28 / 2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: D8674

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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