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)
ARMPAC

Mailing Address
P.O. Box 5804
City: Arlington | State: VA | Zip Code: 22205

Purpose of Disbursement
Contribution: ARMPAC (TX-22-R)

Candidate Name
ARMPAC (TX-22-R)

Category/Type

Office Sought: House / Senate / President
State: TX District: 22

Disbursement For: 2001
Primary / General / X Other (specify) Other

Date of Disbursement: 12 / 13 / 2001

Amount of Each Disbursement this Period: 2500.00

Contribution: ARMPAC (TX-22-R)

Transaction ID: D8657

B. 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)

Category/Type

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

Disbursement For: 2001
Primary / General / X Other (specify) Other

Date of Disbursement: 12 / 13 / 2001

Amount of Each Disbursement this Period: 2000.00

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

Transaction ID: D8658

C. Full Name (Last, First, Middle Initial)
Lindsey Graham for Senate

Mailing Address
337 Bypass 123 P.O. Box 1155
City: Seneca | State: SC | Zip Code: 29679

Purpose of Disbursement
Contribution: Lindsey O. Graham (SC-3-R)

Candidate Name
Lindsey O. Graham (SC-3-R)

Category/Type

Office Sought: X House / Senate / President
State: SC District: 3

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

Date of Disbursement: 12 / 17 / 2001

Amount of Each Disbursement this Period: 2500.00

Contribution: Lindsey O. Graham (SC-3-R)

Transaction ID: D8659

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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