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)
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

A.

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

Mailing Address
1736 East Sunshine Suite 913

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2002 Primary X General Other (specify)

Date of Disbursement
09 27 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4580

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**4000.00**