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)
Common Sense Common Solutions Political Action Committee

A.

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

Mailing Address
1736 E. Sunshine — Suite 913

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement
2002 Contribution

Candidate Name
Rely on Your Beliefs Fund

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
09 / 26 / 2002

Amount of Each Disbursement this Period
3000.00

Transaction ID: DisbD0013757W&J001

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**3000.00**
TOTAL This Period (last page this line number only) ..... ▶	**3000.00**