SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 7 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
SafePac

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RELY ON YOUR BELIEFS FUND 1736 E SUNSHINE SUITE 913 SPRINGFIELD MO 65804	Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	09/06/2001	2000.00
Full Name, Mailing Address, and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
THOMPSON, C MICHAEL 1439 KEARNEY ST ST HELENA CA 94574	(House - CA - 01) Disbursement for: [X] Primary [ ] General [ ] Other (specify) :	09/17/2001	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**3000.00**