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	☐ 30b

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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
Contr. Rely on Your Beliefs Fund (MO-R)

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9474
Date of Disbursement: 04 / 23 / 2004

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Tom Delay Congressional Committee

Mailing Address 7002 Riverbrook Drive

City: Sugarland | State: TX | Zip Code: 77479

Purpose of Disbursement
Contr.

Candidate Name
Tom DeLay

Category/Type

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

Disbursement For: 2004 Primary / X General / Other (specify)

Transaction ID: D9478
Date of Disbursement: 04 / 23 / 2004

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	4500.00
TOTAL This Period (last page this line number only) ..... ▶	43500.00