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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Seperate Segregated Fund

A.

Full Name (Last, First, Middle Initial)
Rely On Your Beliefs PAC

Mailing Address
1736 East Sunshine, #913

City: Springfield
State: MO
Zip Code: 65804

Purpose of Disbursement
YTD:$5,000.00

Category/Type: 011

Candidate Name

Office Sought: House / Senate / President
State: District: 0

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

Date of Disbursement
04 23 2002

Amount of Each Disbursement this Period
2500.00

Transaction ID: 8302600

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

TOTAL This Period (last page this line number only) ..... ▶ **12439.28**