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)
American Benefits Council Political Action Committee

A.
Full Name (Last, First, Middle Initial): REKY ON YOUR BELIEFS FUND
Mailing Address: 1300 PENNSYLVANIA AVE, NW SUITE 700
City: WASHINGTON, State: DC, Zip Code: 20004
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 27 2001
Amount of Each Disbursement this Period: 100000

B.
Full Name (Last, First, Middle Initial): ENZI FOR SENATE
Mailing Address: P.O. BOX 2775
City: CODY, State: WYOMING, Zip Code: 82414
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Candidate Name: MICHAEL B. ENZI
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: WY District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 21 2001
Amount of Each Disbursement this Period: 500000

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement:
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 150000
TOTAL This Period (last page this line number only) ▶ 658003