

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Rely on Your Beliefs Fund

ADDRESS (number and street) 209 Pennsylvania Avenue, SE
 Check if different than previously reported. (ACC)
Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C00344648
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of DC

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Corinne A. Falencki

Signature of Treasurer Electronically Filed by Corinne A. Falencki Date 12 07 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		290102.14
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	420012.05									
(c) Total Receipts (from Line 19)	50250.00	1029673.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	470262.05	1319775.41								
7. Total Disbursements (from Line 31)	95643.96	945157.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	374618.09	374618.09								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1500.00	142143.83
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	1500.00	142143.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	48750.00	875350.00
(c) Other Political Committees (such as PACs)	50250.00	1017493.83
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	12009.30
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	170.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50250.00	1029673.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50250.00	1029673.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	54250.79	315496.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	54250.79	315496.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41393.17	610661.09
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00
29. Other Disbursements.....	0.00	14000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	95643.96	945157.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	95643.96	945157.32

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50250.00	1017493.83
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50250.00	1012493.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54250.79	315496.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54250.79	315496.23

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38		
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. American Airlines PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 1101 17th St NW Suite 600		Transaction ID: 61120.C391
City State Zip Code Washington DC 20036-4718	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. American Bakers Association PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1350 I St NW Ste 1290 Suite 1290		Transaction ID: 61120.C378
City State Zip Code Washington DC 20005-3305	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. BellSouth FedPAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1133 21st St NW Suite 900		Transaction ID: 61207.C394
City State Zip Code Washington DC 20036-3333	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 38
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Blackwell Sanders PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 4801 Main St Suite 1000		Transaction ID: 61120.C386	
City State Zip Code Kansas City MO 64112-2551	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Blue Cross Blue Shield PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1310 G St NW		Transaction ID: 61120.C380	
City State Zip Code Washington DC 20005-3000	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Boehringer Ingelheim Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1201 Pennsylvania Ave NW Ste 315 Suite 315		Transaction ID: 61120.C392	
City State Zip Code Washington DC 20004-2437	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. DLA Piper PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1200 19th St NW		Transaction ID: 61120.C388	
City State Zip Code Washington DC 20036-2402	Amount of Each Receipt this Period 3500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Food Products Association PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1350 I St NW Suite 300		Transaction ID: 61120.C389	
City State Zip Code Washington DC 20005-3377	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. General Atomics PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address PO Box 22930		Transaction ID: 61120.C390	
City State Zip Code San Diego CA 92192-2930	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Greenberg Traurig PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 800 Connecticut Ave NW Ste 500 Suite 500		Transaction ID: 61207.C397
City State Zip Code Washington DC 20006-2728	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Hotel PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address 1201 New York Ave NW Ste 600 Suite 600		Transaction ID: 61120.C385
City State Zip Code Washington DC 20005-3917	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. International Sign Association PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 707 N Saint Asaph St		Transaction ID: 61207.C396
City State Zip Code Alexandria VA 22314-1911	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson PAC

Mailing Address 1 Johnson And Johnson Plz

City State Zip Code
New Brunswick NJ 08933-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61207.C395

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Medco Health PAC

Mailing Address 591 Redwood Hwy Ste 4000 Building 4000

City State Zip Code
Mill Valley CA 94941-3039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61120.C382

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nortel PAC

Mailing Address 101 Constitution Ave NW Suite 325 E

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: 61207.C398

Amount of Each Receipt this Period
2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Pacific Pulmonary Services PAC Mailing Address 88 Rowland Way Ste 300 Suite 300 City State Zip Code Novato CA 94945-5049 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6 Transaction ID: 61120.C393 Amount of Each Receipt this Period 500.00 Receipt
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Precision Metalforming Association PAC Mailing Address 6363 Oak Tree Blvd City State Zip Code Independence OH 44131-2556 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: 61120.C379 Amount of Each Receipt this Period 2500.00 Receipt
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

C. Full Name (Last, First, Middle Initial) Prudential Financial Inc. PAC Mailing Address 1140 Connecticut Ave NW Suite 510 City State Zip Code Washington DC 20036-4013 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 61120.C383 Amount of Each Receipt this Period 1000.00 Receipt
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3500.00		

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
UPS PAC

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 61120.C384

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
US Cuba Democracy PAC

Mailing Address 2020 Pennsylvania Ave NW Ste 930 Suite 930

City Washington State DC Zip Code 20006-1811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 61120.C381

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	48750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Roy Coffee

Mailing Address 3209 Thornapple Street

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Locke Liddell Strategies LP Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61120.C387

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gregg Hartley

Mailing Address 4037 35th St N

City State Zip Code
Arlington VA 22207-4427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cassidy & Associates Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 61207.C400

Amount of Each Receipt this Period
5000.00

Memo

[MEMO ITEM]
4/6 check attr. to M. Hartley

C. Full Name (Last, First, Middle Initial)
Mary Hartley

Mailing Address 4037 35th St N

City State Zip Code
Arlington VA 22207-4427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 61207.C401

Amount of Each Receipt this Period
5000.00

Memo

[MEMO ITEM]
Presumptive reattribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Patrick Morrisey

Mailing Address 1501 K St NW

City State Zip Code
Washington DC 20005-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sidley Austin LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61207.C399

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	1500.00

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: 61207.E525 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 46.42
City Southeastern State PA Zip Code 19398-3005	PAC DSL SERVICE	
Purpose of Disbursement PAC DSL SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. UPS		Transaction ID: 61207.E523 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 72470244		Amount of Each Disbursement this Period 18.06
City Philadelphia State PA Zip Code 19170-0001	PAC SHIPPING CHARGES	
Purpose of Disbursement PAC SHIPPING CHARGES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. UPS		Transaction ID: 61207.E524 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 72470244		Amount of Each Disbursement this Period 57.20
City Philadelphia State PA Zip Code 19170-0001	PAC SHIPPING CHARGES	
Purpose of Disbursement PAC SHIPPING CHARGES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	121.68
TOTAL This Period (last page this line number only) ▶

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. UPS		Transaction ID: 61207.E529 Date of Disbursement MM / DD / YYYY 11 / 17 / 2006
Mailing Address PO Box 72470244		Amount of Each Disbursement this Period 9.37
City Philadelphia State PA Zip Code 19170-0001	Purpose of Disbursement PAC SHIPPING CHARGES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC SHIPPING CHARGES

Full Name (Last, First, Middle Initial) B. Visa		Transaction ID: 61120.E492 Date of Disbursement MM / DD / YYYY 10 / 30 / 2006
Mailing Address PO Box 77042		Amount of Each Disbursement this Period 92.53
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD CHARGES: SEE BELOW

Full Name (Last, First, Middle Initial) C. Johnnys Half Shell		Transaction ID: 61120.E494 Date of Disbursement MM / DD / YYYY 10 / 03 / 2006
Mailing Address 400 N Capitol St NW		Amount of Each Disbursement this Period 48.03
City Washington State DC Zip Code 20001-1511	Purpose of Disbursement PAC FOOD EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC FOOD EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	101.90
TOTAL This Period (last page this line number only) ▶	[]

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61207.E541 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 2358.91 CREDIT CARD CHARGES: SEE BELOW
---	--	---

B. US Airways Full Name (Last, First, Middle Initial) Mailing Address 4000 E Sky Harbor Blvd City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement PAC AIRFARE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61207.E556 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 599.10 [MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
--	--	--

C. US Airways Full Name (Last, First, Middle Initial) Mailing Address 4000 E Sky Harbor Blvd City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement PAC AIRFARE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61207.E555 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 379.10 [MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	2358.91
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61207.E547 Date of Disbursement MM / DD / YYYY 09 / 27 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 971.40
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE	
Purpose of Disbursement PAC AIRFARE EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61207.E548 Date of Disbursement MM / DD / YYYY 09 / 26 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period -652.59
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM] MEMO: PAC CREDIT VOUCHER	
Purpose of Disbursement PAC CREDIT VOUCHER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61207.E542 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period -1427.09
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM] MEMO: PAC CREDIT VOUCHER	
Purpose of Disbursement PAC CREDIT VOUCHER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61207.E544 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 652.59
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE	
Purpose of Disbursement PAC AIRFARE EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61207.E554 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 379.10
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE	
Purpose of Disbursement PAC AIRFARE EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Washington Courier		Transaction ID: 61207.E543 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 5520 Cherokee Ave Suite 120		Amount of Each Disbursement this Period 46.96
City Alexandria State VA Zip Code 22312-2319	[MEMO ITEM] MEMO: PAC COURIER SERVICES	
Purpose of Disbursement PAC COURIER SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. SCl*Stamps.com		Transaction ID: 61207.E560 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 12959 Coral Tree Pl		Amount of Each Disbursement this Period 15.99
City Los Angeles State CA Zip Code 90066-7020	[MEMO ITEM] MEMO: PAC POSTAGE	
Purpose of Disbursement PAC POSTAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. SCl*Stamps.com		Transaction ID: 61207.E559 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 12959 Coral Tree Pl		Amount of Each Disbursement this Period 15.99
City Los Angeles State CA Zip Code 90066-7020	[MEMO ITEM] MEMO: PAC POSTAGE	
Purpose of Disbursement PAC POSTAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. SCl*Stamps.com		Transaction ID: 61207.E557 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 12959 Coral Tree Pl		Amount of Each Disbursement this Period 15.99
City Los Angeles State CA Zip Code 90066-7020	[MEMO ITEM] MEMO: PAC POSTAGE	
Purpose of Disbursement PAC POSTAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Sonoma		Transaction ID: 61207.E558 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 164.00
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC MEETING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC MEETING

Full Name (Last, First, Middle Initial) B. Agent Fee		Transaction ID: 61207.E546 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 25.00
City State Zip Code -	Purpose of Disbursement PAC AIRFARE FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC AIRFARE FEE

Full Name (Last, First, Middle Initial) C. Agent Fee		Transaction ID: 61207.E553 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 25.00
City State Zip Code -	Purpose of Disbursement PAC AIRFARE FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC AIRFARE FEE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Agent Fee		Transaction ID: 61207.E545 Date of Disbursement 09 / 26 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Agent Fee		Transaction ID: 61207.E551 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Agent Fee		Transaction ID: 61207.E549 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Agent Fee		Transaction ID: 61207.E550 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Air		Transaction ID: 61207.E552 Date of Disbursement 10 / 09 / 2006
Mailing Address 4255 Amon Carter Blvd # 2400		Amount of Each Disbursement this Period 489.30
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE EXPENSE		[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Fairfield Inn		Transaction ID: 61207.E562 Date of Disbursement 10 / 16 / 2006
Mailing Address 6105 Exchange Way		Amount of Each Disbursement this Period 153.60
City	State Zip Code	
Purpose of Disbursement PAC LODGING EXPENSE		[MEMO ITEM] MEMO: PAC LODGING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Fairfield Inn		Transaction ID: 61207.E563 Date of Disbursement 10 / 16 / 2006	
Mailing Address 6105 Exchange Way		Amount of Each Disbursement this Period 153.60	
City Bradenton State FL Zip Code 34202-5140	Purpose of Disbursement PAC LODGING EXPENSE	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC LODGING EXPENSE	

Full Name (Last, First, Middle Initial) B. Visa		Transaction ID: 61120.E495 Date of Disbursement 11 / 17 / 2006	
Mailing Address PO Box 77042		Amount of Each Disbursement this Period 9109.74	
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD CHARGES: SEE BELOW	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61120.E504 Date of Disbursement 10 / 02 / 2006	
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 599.10	
City Phoenix State AZ Zip Code 85034-3802	Purpose of Disbursement PAC AIRFARE EXPENSE	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ▶	9109.74
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61120.E505 Date of Disbursement 10 / 02 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 599.10
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement PAC AIRFARE EXPENSE		[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61120.E506 Date of Disbursement 10 / 02 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 599.10
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement PAC AIRFARE EXPENSE		[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 61120.E503 Date of Disbursement 10 / 02 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 599.10
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement PAC AIRFARE EXPENSE		[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 61120.E509 Date of Disbursement 10 / 09 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 714.30
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE	
Purpose of Disbursement PAC AIRFARE EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 61120.E502 Date of Disbursement 10 / 02 / 2006
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 599.10
City Phoenix State AZ Zip Code 85034-3802	[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE	
Purpose of Disbursement PAC AIRFARE EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ruths Chris Steakhouse		Transaction ID: 61120.E510 Date of Disbursement 10 / 11 / 2006
Mailing Address 1801 Connecticut Ave NW		Amount of Each Disbursement this Period 3374.69
City Washington State DC Zip Code 20009-5700	[MEMO ITEM] MEMO: PAC EVENT FOOD EXPENSE	
Purpose of Disbursement PAC EVENT FOOD EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Sonoma		Transaction ID: 61120.E496 Date of Disbursement 09 / 26 / 2006
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 60.30
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC DONOR LUNCH Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC DONOR LUNCH

Full Name (Last, First, Middle Initial) B. Sonoma		Transaction ID: 61120.E512 Date of Disbursement 10 / 17 / 2006
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 53.55
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC DONOR MEETING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC DONOR MEETING

Full Name (Last, First, Middle Initial) C. Bistro Bis		Transaction ID: 61120.E507 Date of Disbursement 10 / 03 / 2006
Mailing Address 15 E St NW		Amount of Each Disbursement this Period 1093.20
City Washington State DC Zip Code 20001-1501	Purpose of Disbursement PAC EVENT FOOD EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PAC EVENT FOOD EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Agent Fee		Transaction ID: 61120.E499 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Agent Fee		Transaction ID: 61120.E497 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Agent Fee		Transaction ID: 61120.E498 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Agent Fee		Transaction ID: 61120.E500 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Agent Fee		Transaction ID: 61120.E501 Date of Disbursement 10 / 02 / 2006
Mailing Address		Amount of Each Disbursement this Period 25.00
City	State Zip Code	
Purpose of Disbursement PAC AIRFARE FEE		[MEMO ITEM] MEMO: PAC AIRFARE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Johnnys Half Shell		Transaction ID: 61120.E508 Date of Disbursement 10 / 04 / 2006
Mailing Address 400 N Capitol St NW		Amount of Each Disbursement this Period 299.84
City Washington	State Zip Code DC 20001-1511	
Purpose of Disbursement PAC EVENT FOOD EXPENSE		[MEMO ITEM] MEMO: PAC EVENT FOOD EXPE- NSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Toegoz		Transaction ID: 61120.E514 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 166 Riverside Industrial Pkwy		Amount of Each Disbursement this Period 304.70
City Portland State ME Zip Code 04103-1492	[MEMO ITEM] MEMO: PAC EVENT FOOD EXPENSE	
Purpose of Disbursement PAC EVENT FOOD EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. McKenna Long & Aldridge		Transaction ID: 61120.E488 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 303 Peachtree St NE Suite 5300		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30308-3265	PAC LEGAL SERVICES	
Purpose of Disbursement PAC LEGAL SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. McKenna Long & Aldridge		Transaction ID: 61207.E528 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 303 Peachtree St NE Suite 5300		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30308-3265	PAC LEGAL SERVICES	
Purpose of Disbursement PAC LEGAL SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Thompson Communications		Transaction ID: 61120.E489 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 5		Amount of Each Disbursement this Period 10629.97
City Marshfield State MO Zip Code 65706-0005	PAC SEPTEMBER STAFFING SE-RVICES	
Purpose of Disbursement PAC SEPTEMBER STAFFING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Thompson Communications		Transaction ID: 61207.E531 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 5		Amount of Each Disbursement this Period 10629.97
City Marshfield State MO Zip Code 65706-0005	PAC OCTOBER CONSULTING SE-RVICES	
Purpose of Disbursement PAC OCTOBER CONSULTING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Adams Screenprinting & Embroidery		Transaction ID: 61207.E530 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 6535 Shiloh Road C-1000		Amount of Each Disbursement this Period 3238.11
City Alpharetta State GA Zip Code 30005-	PAC EVENT EXPENSE	
Purpose of Disbursement PAC EVENT EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	24498.05
TOTAL This Period (last page this line number only) ▶	

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

<p>A. Discover Card Services</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 15251</p>		<p>Transaction ID: 61207.E519 Date of Disbursement 11 / 20 / 2006</p>
<p>City Wilmington State DE Zip Code 19886-5251</p>	<p>Purpose of Disbursement EVENT TRAVEL EXPENSE</p>	<p>Amount of Each Disbursement this Period 1393.17</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type EVENT TRAVEL EXPENSE</p>

<p>B. American Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 360001</p>		<p>Transaction ID: 61207.E520 Date of Disbursement 11 / 20 / 2006</p>
<p>City State Zip Code 33336-0001</p>	<p>Purpose of Disbursement CATERING EXPENSE</p>	<p>Amount of Each Disbursement this Period 9041.67</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type CATERING EXPENSE</p>

<p>C. Pacific Cigar Company</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 669</p>		<p>Transaction ID: 61207.E527 Date of Disbursement 11 / 17 / 2006</p>
<p>City Lemont State IL Zip Code 60439-0669</p>	<p>Purpose of Disbursement PAC EVENT EXPENSE</p>	<p>Amount of Each Disbursement this Period 556.86</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type PAC EVENT EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>10991.70</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Jay Perron		Transaction ID: 61120.E490 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1441 Constitution Ave NE		Amount of Each Disbursement this Period 92.00
City Washington State DC Zip Code 20002-6421	PAC FOOD AND TRAVEL EXPENSE	
Purpose of Disbursement PAC FOOD AND TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jay Perron		Transaction ID: 61207.E516 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 1441 Constitution Ave NE		Amount of Each Disbursement this Period 442.18
City Washington State DC Zip Code 20002-6421	FOOD CAB AND SUPPLIES REIMBURSEMENT	
Purpose of Disbursement FOOD CAB AND SUPPLIES REIMBURSEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dan Williams		Transaction ID: 61120.E491 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2065.60
City Washington State DC Zip Code 20003-1107	PAC OFFICE RENT AND SERVICES	
Purpose of Disbursement PAC OFFICE RENT AND SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2599.78
TOTAL This Period (last page this line number only) ▶	

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Dan Williams		Transaction ID: 61207.E522 Date of Disbursement 11 / 14 / 2006
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 158.41
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC OFFICE SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC OFFICE SERVICES

Full Name (Last, First, Middle Initial) B. Dan Williams		Transaction ID: 61207.E521 Date of Disbursement 11 / 20 / 2006
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2028.00
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC DECEMBER RENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC DECEMBER RENT

SUBTOTAL of Disbursements This Page (optional)	2186.41
TOTAL This Period (last page this line number only)	53968.17

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Texans for Henry Bonilla		Transaction ID: 61207.E532 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 5000.00
City San Antonio State TX Zip Code 78217-0292	2006 RUN-OFF	
Purpose of Disbursement 2006 RUN-OFF		Category/ Type
Candidate Name HENRY BONILLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Reynolds for Congress		Transaction ID: 61120.E486 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 5000.00
City Rochester State NY Zip Code 14615-0388	2006 RUN-OFF	
Purpose of Disbursement 2006 RUN-OFF		Category/ Type
Candidate Name THOMAS M REYNOLDS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Drake Virginia Victory Committee		Transaction ID: 61120.E485 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 228 S Washington St Suite 115		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314-5404	2006 CONTRIBUTION	
Purpose of Disbursement 2006 CONTRIBUTION		Category/ Type
Candidate Name THELMA D. DRAKE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Bass Victory Committee		Transaction ID: 61120.E487 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 5000.00
City Concord	State NH	
Zip Code 03302-3451		
Purpose of Disbursement Candidate Name CHARLES F. BASS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 02		

Full Name (Last, First, Middle Initial) B. Simmons for Congress		Transaction ID: 61207.E534 Date of Disbursement 11 / 14 / 2006
Mailing Address PO Box 271		Amount of Each Disbursement this Period 0.00
City Stonington	State CT	
Zip Code 06378-0271		
Purpose of Disbursement 2006 RE-COUNT Candidate Name ROB SIMMONS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 RE-COUNT
State: CT District: 2		

Full Name (Last, First, Middle Initial) C. Hayes for Congress		Transaction ID: 61207.E535 Date of Disbursement 11 / 15 / 2006
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 0.00
City Concord	State NC	
Zip Code 28026-2000		
Purpose of Disbursement 2006 RE-COUNT Candidate Name ROBERT CANNON HAYES Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 RE-COUNT
State: NC District: 08		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Tiberi for Congress		Transaction ID: 61207.E536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 2021 E Dublin Granville Rd Ste 200		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43229-3572	PAC CONTRIBUTION	
Purpose of Disbursement PAC CONTRIBUTION		Category/ Type
Candidate Name PATRICK J TIBERI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jim Ryun for Congress		Transaction ID: 61207.E537 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 826		Amount of Each Disbursement this Period 5000.00
City State Zip Code 66601-0826	PAC CONTRIBUTION	
Purpose of Disbursement PAC CONTRIBUTION		Category/ Type
Candidate Name JIM R RYUN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Frank Wolf		Transaction ID: 61207.E538 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 710235 P.O. Box 3015		Amount of Each Disbursement this Period 5000.00
City Herndon State VA Zip Code 20171-0235	PAC CONTRIBUTION	
Purpose of Disbursement PAC CONTRIBUTION		Category/ Type
Candidate Name FRANK R WOLF		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial) A. Sekula-Gibbs for Congress		Transaction ID: 61207.E539 Date of Disbursement 11 / 21 / 2006	
Mailing Address PO Box 890954		Amount of Each Disbursement this Period 1393.17	
City Houston State TX Zip Code 77289-0954	Purpose of Disbursement SPECIAL GENERAL TRAVEL EXPENSES	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: SPECIAL GENERAL TRAVEL EXPENSES	

Full Name (Last, First, Middle Initial) B. Vern Buchanan		Transaction ID: 61207.E533 Date of Disbursement 11 / 14 / 2006	
Mailing Address PO Box 48928		Amount of Each Disbursement this Period 5000.00	
City Sarasota State FL Zip Code 34230-5928	Purpose of Disbursement 2006 RE-COUNT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 RE-COUNT	

SUBTOTAL of Disbursements This Page (optional)

6393.17

TOTAL This Period (last page this line number only)

41393.17