

# 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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2009 through 03 31 2009

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 Paul Kilgore

Signature of Treasurer Electronically Filed by Paul Kilgore Date 04 20 2009

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		102439.11
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	31938.82									
(c) Total Receipts (from Line 19) .....	22000.00	33000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	53938.82	135439.11								
7. Total Disbursements (from Line 31) .....	25371.05	106871.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28567.77	28567.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	0.00	1000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	22000.00	32000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	22000.00	33000.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	22000.00	33000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22000.00	33000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	25371.05	106871.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	25371.05	106871.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	25371.05	106871.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25371.05	106871.34

**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 .....	22000.00	33000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22000.00	33000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25371.05	106871.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25371.05	106871.34

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
American Assoc of Nurse Anesthetists PAC

Mailing Address 412 1st St., NE  
Suite 12

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2009  
**Transaction ID:** 90410.C974  
 Amount of Each Receipt this Period 2000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
AT&T Federal PAC

Mailing Address 1401 I St NW  
Suite 1100

City Washington State DC Zip Code 20005-2296

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 17 / 2009  
**Transaction ID:** 90317.C971  
 Amount of Each Receipt this Period 5000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue, NW  
South Building, Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 31 / 2009  
**Transaction ID:** 90410.C973  
 Amount of Each Receipt this Period 2500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Emerson Electric Co.  
 Mailing Address 700 13th St NW  
Suite 700  
 City State Zip Code  
Washington DC 20005-6619  
 FEC ID number of contributing federal political committee. **C** C00080515  
 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  
03 / 31 / 2009  
**Transaction ID:** 90410.C972  
 Amount of Each Receipt this Period: 2500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
KPMG PAC  
 Mailing Address 2001 M St NW Ste 9000  
 City State Zip Code  
Washington DC 20036-3345  
 FEC ID number of contributing federal political committee. **C** C00280222  
 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 Y  
03 / 17 / 2009  
**Transaction ID:** 90317.C969  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Union Pacific Corporation PAC  
 Mailing Address 600 13th St NW  
Suite 340  
 City State Zip Code  
Washington DC 20005-3012  
 FEC ID number of contributing federal political committee. **C** C00010470  
 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 Y  
03 / 17 / 2009  
**Transaction ID:** 90317.C970  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12500.00  
**TOTAL** This Period (last page this line number only) ..... ► 22000.00

**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)

<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. Full Name (Last, First, Middle Initial) Visa	Transaction ID: 90317.E1741	
	Date of Disbursement MM / DD / YYYY 03 / 17 / 2009	
Mailing Address PO Box 77042	Amount of Each Disbursement this Period 1445.92	
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement Credit Card Charges-See Below	
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) ▼	
CREDIT CARD CHARGES-SEE BELOW		

B. Full Name (Last, First, Middle Initial) Washington Post	Transaction ID: 90317.E1743	
	Date of Disbursement MM / DD / YYYY 03 / 17 / 2009	
Mailing Address 1150 15th St NW	Amount of Each Disbursement this Period 33.50	
City Washington State DC Zip Code 20071-0001	Purpose of Disbursement PAC Subscription	
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 SUBSCRIPTION		

C. Full Name (Last, First, Middle Initial) Great Southern Travel	Transaction ID: 90317.E1749	
	Date of Disbursement MM / DD / YYYY 03 / 17 / 2009	
Mailing Address 3424 S National Ave	Amount of Each Disbursement this Period 25.00	
City Springfield State MO Zip Code 65807-7307	Purpose of Disbursement PAC Travel Expense	
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 TRAVEL EXPENSE		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1445.92
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 90317.E1745 Date of Disbursement 03 / 17 / 2009
	Mailing Address 4255 Amon Carter Blvd # 2400	Amount of Each Disbursement this Period 747.40
	City Fort Worth State TX Zip Code 76155-2603	
	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 State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Johnnys Half Shell	Transaction ID: 90317.E1742 Date of Disbursement 03 / 17 / 2009
	Mailing Address 400 N Capitol St NW	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001-1511	
	Purpose of Disbursement PAC Event Catering	[MEMO ITEM] MEMO: PAC EVENT CATERING
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90317.E1744 Date of Disbursement 03 / 17 / 2009
	Mailing Address PO Box 19769	Amount of Each Disbursement this Period 115.02
	City Irvine State CA Zip Code 92623-9769	
	Purpose of Disbursement PAC Telephones	[MEMO ITEM] MEMO: PAC TELEPHONES
	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 90317.E1746 Date of Disbursement 03 / 17 / 2009
	Mailing Address PO Box 77042	Amount of Each Disbursement this Period 1088.62
	City Madison State WI Zip Code 53707-1042	
	Purpose of Disbursement Credit Card Charges-See Below	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CREDIT CARD CHARGES-SEE BELOW
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 90317.E1748 Date of Disbursement 03 / 17 / 2009
	Mailing Address 4255 Amon Carter Blvd # 2400	Amount of Each Disbursement this Period 279.20
	City Fort Worth State TX Zip Code 76155-2603	
	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:	[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The Caucus Room	Transaction ID: 90317.E1747 Date of Disbursement 03 / 17 / 2009
	Mailing Address 401 9th St NW	Amount of Each Disbursement this Period 185.10
	City Washington State DC Zip Code 20004-2127	
	Purpose of Disbursement PAC Meeting Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: PAC MEETING EXPENSE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1088.62
<b>TOTAL</b> 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)

PAGE 11 / 14

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ocean Reef Club Mailing Address 35 Ocean Reef Dr City Key Largo State FL Zip Code 33037-5263 Purpose of Disbursement PAC Event 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: 90317.E1750 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 507.02 [MEMO ITEM] MEMO: PAC EVENT EXPENSE

<b>B.</b> Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement Credit Card Charges: See Line 23 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: 90320.E1757 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 373.70 CREDIT CARD CHARGES: SEE LINE 23

<b>C.</b> Full Name (Last, First, Middle Initial) Thompson Communications Mailing Address P.O. Box 5 City Marshfield State MO Zip Code 65706-0005 Purpose of Disbursement PAC Salaries 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: 90317.E1740 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 13542.53 PAC SALARIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13916.23
<b>TOTAL</b> 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)

PAGE 12 / 14

<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><b>A.</b> Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement PAC Software</p> <p>Candidate Name</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><b>Transaction ID:</b> 90317.E1753 <b>Date of Disbursement</b> 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>PAC SOFTWARE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Professional Data Services, Inc.</p> <p>Mailing Address 337 S Milledge Ave Ste 101</p> <p>City Athens State GA Zip Code 30605-1083</p> <p>Purpose of Disbursement Compliance Consulting</p> <p>Candidate Name</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><b>Transaction ID:</b> 90415.E1771 <b>Date of Disbursement</b> 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 6005.04</p> <p>COMPLIANCE CONSULTING</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dan Williams</p> <p>Mailing Address 209 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1107</p> <p>Purpose of Disbursement PAC Office Rent</p> <p>Candidate Name</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><b>Transaction ID:</b> 90317.E1752 <b>Date of Disbursement</b> 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 216.38</p> <p>PAC OFFICE RENT</p>

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

7721.42

**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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dan Williams

Transaction ID: 90317.E1754  
Date of Disbursement

Mailing Address 209 Pennsylvania Ave SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

City Washington State DC Zip Code 20003-1107

Amount of Each Disbursement this Period

865.45
--------

Purpose of Disbursement  
PAC Office Rent

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAC OFFICE RENT

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
Dan Williams

Transaction ID: 90410.E1759  
Date of Disbursement

Mailing Address 209 Pennsylvania Ave SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

City Washington State DC Zip Code 20003-1107

Amount of Each Disbursement this Period

214.68
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Purpose of Disbursement  
PAC Office Rent

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAC OFFICE RENT

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

1080.13
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TOTAL This Period (last page this line number only) ..... ►

25252.32
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**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)

PAGE 14 / 14

<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

A.

Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address 4255 Amon Carter Blvd # 2400

City State Zip Code  
Fort Worth TX 76155-2603

Purpose of Disbursement  
AIRFARE EXPENSE-SEE VISA 3-18-09

Candidate Name  
ILEANA ROS-LEHTINEN

Office Sought:  House  
 Senate  
 President

State: FL District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 90320.E1758

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

MEMO: AIRFARE EXPENSE-SEE  
VISA 3-18-09

SUBTOTAL of Disbursements This Page (optional) .....

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