

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 2007 through 03 31 2007

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 04 20 2007

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**

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	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		240493.94
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	215365.41									
(c) Total Receipts (from Line 19)	158000.00	190500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	373365.41	430993.94								
7. Total Disbursements (from Line 31)	119846.84	177475.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	253518.57	253518.57								
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
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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		
(i) Itemized (use Schedule A)	13000.00	15500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13000.00	15500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	145000.00	170000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	158000.00	185500.00
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	5000.00
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))	158000.00	190500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	158000.00	190500.00

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.....	55209.57	91738.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	55209.57	91738.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65537.27	85537.27
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.....	-900.00	200.00
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))..	119846.84	177475.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	119846.84	177475.37

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)	158000.00	185500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	158000.00	185500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	55209.57	91738.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55209.57	91738.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 42
	(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

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. AFLAC Incorporated PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007	
Mailing Address 1300 Pennsylvania Ave NW Ste 300 Suite 300		Transaction ID: 0417200734C426	
City State Zip Code Washington DC 20004-3039	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ameren Fed PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 1331 Pennsylvania Ave NW Suite 512 N		Transaction ID: 0417200734C416	
City State Zip Code Washington DC 20004-1703	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. American Bakers Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007	
Mailing Address 1350 I St NW Ste 1290 Suite 1290		Transaction ID: 0417200734C427	
City State Zip Code Washington DC 20005-3305	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	12500.00
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 7 / 42
	<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)
American Council of Life Insurers PAC

Mailing Address 101 Constitution Ave NW
Suite 700

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 ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2007

Transaction ID: 0417200734C434

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
American Express PAC

Mailing Address 801 Pennsylvania Ave NW
Suite 650

City State Zip Code
Washington DC 20004-2673

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
03 / 07 / 2007

Transaction ID: 0417200734C428

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 7th St NW

City State Zip Code
Washington DC 20004-2818

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
03 / 07 / 2007

Transaction ID: 0417200734C424

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
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 / 42
	(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)
Bank of America Corporation PAC

Mailing Address 730 15th St NW

City State Zip Code
Washington DC 20005-1001

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 Y
 03 / 14 / 2007

Transaction ID: 0417200734C437

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 1200 Wilson Blvd

City State Zip Code
Arlington VA 22209-2305

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
 03 / 28 / 2007

Transaction ID: 0417200734C448

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 1201 15th St NW

City State Zip Code
Washington DC 20005-2842

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 Y
 03 / 07 / 2007

Transaction ID: 0417200734C429

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)	

**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 9 / 42
	<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)
Comcast Corporation PAC

Mailing Address 2001 Pennsylvania Ave NW
Suite 500

City State Zip Code
Washington DC 20006-1873

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 Y
03 / 28 / 2007

Transaction ID: 0417200734C459

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Constellation Energy Federal PAC

Mailing Address 101 Constitution Ave NW Ste 908
Suite 908 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 ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2007

Transaction ID: 0417200734C460

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 555 12th St NW
Suite 640

City State Zip Code
Washington DC 20004-1200

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
03 / 14 / 2007

Transaction ID: 0417200734C442

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 10 / 42
	<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)
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**

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 / 14 / 2007

Transaction ID: 0417200734C440

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman PAC

Mailing Address 1000 Wilson Blvd Ste 2300
Suite 2300

City State Zip Code
Arlington VA 22209-3901

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
03 / 07 / 2007

Transaction ID: 0417200734C421

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Enterprise Rent-A- Car Company PAC

Mailing Address 600 Corporate Park Dr

City State Zip Code
Saint Louis MO 63105-4204

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
03 / 01 / 2007

Transaction ID: 0417200734C417

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
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 11 / 42

(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) Freddie Mac PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 401 9th St NW Ste 600 Suite 600		Transaction ID: 0417200734C444
City State Zip Code Washington DC 20004-2144	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	

B. Full Name (Last, First, Middle Initial) GlaxoSmithKline PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 1500 K Street, NW Suite 650		Transaction ID: 0417200734C436
City State Zip Code Washington DC 20005	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	

C. Full Name (Last, First, Middle Initial) Growth & Prosperity PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 2160 Ridge Road Drive		Transaction ID: 0417200734C433
City State Zip Code Alexandria VA 22302	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)

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 12 / 42
	<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) HSBC North America PAC Mailing Address 1730 K St NW Suite 1106 City State Zip Code Washington DC 20006-3801 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007 Transaction ID: 0417200734C456 Amount of Each Receipt this Period 2500.00 Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) J.P. Morgan Chase & Co. PAC Mailing Address 800 Connecticut Ave NW #9 City State Zip Code Washington DC 20006-2709 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007 Transaction ID: 0417200734C447 Amount of Each Receipt this Period 5000.00 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	

C. Full Name (Last, First, Middle Initial) Locke Liddell & Sapp LLP PAC Mailing Address 901 15th St NW City State Zip Code Washington DC 20005-2301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 Transaction ID: 0417200734C435 Amount of Each Receipt this Period 5000.00 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	

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 13 / 42
	<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. Massachusetts Mutual Life Insurance PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 601 Pennsylvania Ave., NW Suite 4205		Transaction ID: 0417200734C432	
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 2500.00		
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 ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Mastercard International Employees PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 1401 I St NW Suite 240		Transaction ID: 0417200734C457	
City State Zip Code Washington DC 20005-2225	Amount of Each Receipt this Period 2500.00		
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 ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Mortgage Bankers Association PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 1919 Pennsylvania Ave NW		Transaction ID: 0417200734C446	
City State Zip Code Washington DC 20006-3400	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		

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
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 / 42						
	(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

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

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

Mailing Address 2901 Telestar Ct

City Falls Church State VA Zip Code 22042-1260

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
0	3	/	0	7	/	2	0	0	7

Transaction ID: 0417200734C425

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assoc PAC

Mailing Address 1101 King St

City Alexandria State VA Zip Code 22314-2950

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
0	3	/	1	4	/	2	0	0	7

Transaction ID: 0417200734C438

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
National Propane Gas Association PAC

Mailing Address 1150 17th St NW Suite 310

City Washington State DC Zip Code 20036-4623

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
0	3	/	1	4	/	2	0	0	7

Transaction ID: 0417200734C441

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 15 / 42
	<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) National Restaurant Association PAC Mailing Address 1200 17th St NW 8th Floor City Washington State DC Zip Code 20036-3006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Transaction ID: 0417200734C452 Amount of Each Receipt this Period 2500.00 Receipt
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) Northwestern Mutual Life Federal PAC Mailing Address 720 E Wisconsin Ave City Milwaukee State WI Zip Code 53202-4703 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7 Transaction ID: 0417200734C420 Amount of Each Receipt this Period 5000.00 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	

C. Full Name (Last, First, Middle Initial) Physical Therapy PAC Mailing Address 1111 N Fairfax St City Alexandria State VA Zip Code 22314-1484 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Transaction ID: 0417200734C451 Amount of Each Receipt this Period 5000.00 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	

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 16 / 42
	<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) Pricewaterhouse Coopers PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 1301 K St NW Ste 800 Suite 800 West		Transaction ID: 0417200734C458	
City Washington State DC Zip Code 20005-3317	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Raytheon PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 1100 Wilson Blvd Ste 1500 Suite 1500		Transaction ID: 0417200734C439	
City Arlington State VA Zip Code 22209-2270	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) SIFMA PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address 1425 K St NW 7th Floor		Transaction ID: 0417200734C450	
City Washington State DC Zip Code 20005-3500	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
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 17 / 42
	(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)
St. Paul Travelers Companies, Inc. PAC

Mailing Address 1331 F St NW

City State Zip Code
Washington DC 20004-1107

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
 03 / 07 / 2007

Transaction ID: 0417200734C431

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 430 1st St SE

City State Zip Code
Washington DC 20003-1826

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
 03 / 01 / 2007

Transaction ID: 0417200734C418

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code
Atlanta GA 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
 03 / 28 / 2007

Transaction ID: 0417200734C449

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
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 18 / 42
	<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. US Team PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007	
Mailing Address 100 W Putnam Ave		Transaction ID: 0417200734C419	
City State Zip Code Greenwich CT 06830-5342	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Wachovia Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007	
Mailing Address 301 S COLLEGE STREET TW-25		Transaction ID: 0417200734C445	
City State Zip Code Charlotte NC 28228-0001	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Washington Mutual PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address 600 14th St NW Suite 600		Transaction ID: 0417200734C455	
City State Zip Code Washington DC 20005-2028	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	145000.00

**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 19 / 42
	<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)
Wayne Berman

Mailing Address 3055 Whitehaven St NW

City State Zip Code
Washington DC 20008-3613

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

Name of Employer Occupation
Ogilvy Govt Relations Lobbyist

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 / 28 / 2007

Transaction ID: 0417200734C454

Amount of Each Receipt this Period
2500.00

Receipt

B. 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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2007

Transaction ID: 0417200734C430

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Drew Maloney

Mailing Address 1331 H St NW
12th Floor

City State Zip Code
Washington DC 20005-4703

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

Name of Employer Occupation
Federalist Group Lobbyist

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 / 28 / 2007

Transaction ID: 0417200734C453

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
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 20 / 42	
	(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"/> 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)
Scott Reed

Mailing Address 17 Bay Dr

City State Zip Code
Annapolis MD 21403-4510

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

Name of Employer Occupation
Chesapeake Enterprise Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2007

Transaction ID: 0417200734C422

Amount of Each Receipt this Period
3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	13000.00

**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

<p>A. UPS</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244</p>		<p>Transaction ID: 0417200735E729</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	2		2	0	0	7													
<p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement PAC SHIPPING EXPENSE</p> <p>Candidate Name</p>	<p>Category/ Type</p>	<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>31.44</td> </tr> </table> </p>	31.44																			
31.44																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>PAC SHIPPING EXPENSE</p>																				

<p>B. UPS</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244</p>		<p>Transaction ID: 0417200735E734</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	9		2	0	0	7													
<p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement PAC SHIPPING EXPENSE</p> <p>Candidate Name</p>	<p>Category/ Type</p>	<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>22.98</td> </tr> </table> </p>	22.98																			
22.98																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>PAC SHIPPING EXPENSE</p>																				

<p>C. Visa</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042</p>		<p>Transaction ID: 0417200735E773</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	2		2	0	0	7													
<p>City Madison State WI Zip Code 53707-1042</p> <p>Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW</p> <p>Candidate Name</p>	<p>Category/ Type</p>	<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>4736.76</td> </tr> </table> </p>	4736.76																			
4736.76																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>CREDIT CARD CHARGES: SEE BELOW</p>																				

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4791.18</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)

PAGE 22 / 42

<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. Staples		Transaction ID: 0417200735E785 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 2135 E Independence St		Amount of Each Disbursement this Period 203.79
City Springfield State MO Zip Code 65804-3749	Purpose of Disbursement PAC OFFICE SUPPLIES 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 OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Washington Courier		Transaction ID: 0417200735E774 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 5520 Cherokee Ave Suite 120		Amount of Each Disbursement this Period 52.34
City Alexandria State VA Zip Code 22312-2319	Purpose of Disbursement PAC COURIER SERVICES 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 COURIER SERVICES

Full Name (Last, First, Middle Initial) C. Washington Courier		Transaction ID: 0417200735E780 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 5520 Cherokee Ave Suite 120		Amount of Each Disbursement this Period 23.48
City Alexandria State VA Zip Code 22312-2319	Purpose of Disbursement PAC COURIER SERVICES 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 COURIER SERVICES

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)

PAGE 23 / 42

<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: 0417200735E784 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 7
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: 0417200735E782 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 7
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: 0417200735E783 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
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)

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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. Acadiana		Transaction ID: 0417200735E775 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 901 New York Avenue, NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006-	Purpose of Disbursement PAC EVENT DEPOSIT 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 DEPOSIT

Full Name (Last, First, Middle Initial) B. Sonoma		Transaction ID: 0417200735E776 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 70.00
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC MEETING 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 MEETING EXPENSE

Full Name (Last, First, Middle Initial) C. Sonoma		Transaction ID: 0417200735E777 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 68.00
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement PAC MEETING 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 MEETING 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. Churchill Coffee Company		Transaction ID: 0417200735E781 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 4253 Enterprise		Amount of Each Disbursement this Period 307.09
City Rogersville	State MO Zip Code 65742-7244	
Purpose of Disbursement PAC EVENT EXPENSE		[MEMO ITEM] MEMO: PAC EVENT 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. Hyatt Hotels		Transaction ID: 0417200735E779 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 2800 Ocean Gtwy		Amount of Each Disbursement this Period 654.00
City Cambridge	State MD Zip Code 21613-3400	
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:		

Full Name (Last, First, Middle Initial) C. Hyatt Hotels		Transaction ID: 0417200735E778 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 2800 Ocean Gtwy		Amount of Each Disbursement this Period 391.48
City Cambridge	State MD Zip Code 21613-3400	
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

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

Full Name (Last, First, Middle Initial) A. AirTran		Transaction ID: 0417200735E786 Date of Disbursement 02 / 07 / 2007
Mailing Address 9955 Airtran Blvd		Amount of Each Disbursement this Period 129.40
City Orlando	State FL Zip Code 32827-5330	
Purpose of Disbursement PAC TRAVEL EXPENSE		[MEMO ITEM] MEMO: PAC TRAVEL 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. Dell Marketing LP		Transaction ID: 0417200735E787 Date of Disbursement 02 / 11 / 2007
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 1789.21
City Round Rock	State TX Zip Code 78682-7000	
Purpose of Disbursement PAC OFFICE SUPPLIES		[MEMO ITEM] MEMO: PAC OFFICE SUPPLIES
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. Visa		Transaction ID: 70419.E788 Date of Disbursement 03 / 02 / 2007
Mailing Address PO Box 77042		Amount of Each Disbursement this Period 4141.79
City Madison	State WI Zip Code 53707-1042	
Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW		[MEMO ITEM] CREDIT CARD CHARGES: SEE BELOW
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) ▶	4141.79
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: 70419.E806 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 209.40
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: 70419.E808 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 623.80
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. US Airways		Transaction ID: 70419.E809 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 623.80
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) ▼	

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: 70419.E807 Date of Disbursement MM / DD / YYYY 02 / 09 / 2007
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 623.80
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. Agent Fee		Transaction ID: 70419.E803 Date of Disbursement MM / DD / YYYY 02 / 09 / 2007
Mailing Address 3424 S National Ave		Amount of Each Disbursement this Period 25.00
City Springfield State MO Zip Code 65807-7307	[MEMO ITEM] MEMO: PAC AIRFARE FEE EXP-ENSE	
Purpose of Disbursement PAC AIRFARE FEE 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. Agent Fee		Transaction ID: 70419.E802 Date of Disbursement MM / DD / YYYY 02 / 09 / 2007
Mailing Address 3424 S National Ave		Amount of Each Disbursement this Period 25.00
City Springfield State MO Zip Code 65807-7307	[MEMO ITEM] MEMO: PAC AIRFARE FEE EXP-ENSE	
Purpose of Disbursement PAC AIRFARE FEE 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)

<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)		Transaction ID: 70419.E800	
A. Agent Fee		Date of Disbursement	
Mailing Address 3424 S National Ave		MM / DD / YYYY 02 / 07 / 2007	
City Springfield	State MO	Zip Code 65807-7307	Amount of Each Disbursement this Period
Purpose of Disbursement PAC AIRFARE FEE EXPENSE		Category/ Type	25.00
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) ▼		[MEMO ITEM] MEMO: PAC AIRFARE FEE EXP-ENSE
State: District:			

Full Name (Last, First, Middle Initial)		Transaction ID: 70419.E801	
B. Agent Fee		Date of Disbursement	
Mailing Address 3424 S National Ave		MM / DD / YYYY 02 / 09 / 2007	
City Springfield	State MO	Zip Code 65807-7307	Amount of Each Disbursement this Period
Purpose of Disbursement PAC AIRFARE FEE EXPENSE		Category/ Type	25.00
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) ▼		[MEMO ITEM] MEMO: PAC AIRFARE FEE EXP-ENSE
State: District:			

Full Name (Last, First, Middle Initial)		Transaction ID: 70419.E792	
C. American Air		Date of Disbursement	
Mailing Address 4255 Amon Carter Blvd # 2400		MM / DD / YYYY 02 / 02 / 2007	
City Fort Worth	State TX	Zip Code 76155-2603	Amount of Each Disbursement this Period
Purpose of Disbursement PAC AIRFARE EXPENSE		Category/ Type	366.20
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) ▼		[MEMO ITEM] MEMO: PAC AIRFARE EXPENSE
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. Hyatt Hotels		Transaction ID: 70419.E790 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 2800 Ocean Gtwy		Amount of Each Disbursement this Period 1460.34
City Cambridge State MD Zip Code 21613-3400	[MEMO ITEM] MEMO: PAC MEETING EXPENSE	
Purpose of Disbursement PAC MEETING 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. AirTran		Transaction ID: 70419.E804 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 9955 Airtran Blvd		Amount of Each Disbursement this Period 129.40
City Orlando State FL Zip Code 32827-5330	[MEMO ITEM] MEMO: PAC TRAVEL EXPENSE	
Purpose of Disbursement PAC TRAVEL 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) C. Visa		Transaction ID: 0417200735E766 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 77042		Amount of Each Disbursement this Period 263.15
City Madison State WI Zip Code 53707-1042	[MEMO ITEM] MEMO: PAC TRAVEL EXPENSE	
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	263.15
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. Continental Airlines</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1600 Smith St</p>		<p>Transaction ID: 0417200735E770 Date of Disbursement MM / DD / YYYY 02 / 25 / 2007</p>
<p>City Houston State TX Zip Code 77002-7362</p>	<p>Amount of Each Disbursement this Period 80.00</p>	
<p>Purpose of Disbursement PAC AIRFARE</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>[MEMO ITEM] MEMO: PAC AIRFARE</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. Johnnys Half Shell</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 400 N Capitol St NW</p>		<p>Transaction ID: 0417200735E768 Date of Disbursement MM / DD / YYYY 03 / 05 / 2007</p>
<p>City Washington State DC Zip Code 20001-1511</p>	<p>Amount of Each Disbursement this Period 31.78</p>	
<p>Purpose of Disbursement PAC LUNCH MEETING</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>[MEMO ITEM] MEMO: PAC LUNCH MEETING</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>C. Visa</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042</p>		<p>Transaction ID: 0417200735E755 Date of Disbursement MM / DD / YYYY 03 / 30 / 2007</p>
<p>City Madison State WI Zip Code 53707-1042</p>	<p>Amount of Each Disbursement this Period 4880.98</p>	
<p>Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>CREDIT CARD CHARGES: SEE BELOW</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>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4880.98</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. La Chaumiere		Transaction ID: 0417200735E757 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address 2813 M St NW		Amount of Each Disbursement this Period 110.00
City Washington State DC Zip Code 20007-3712	Purpose of Disbursement PAC CONVENTION 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 CONVENTION MEETING

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 0417200735E760 Date of Disbursement MM / DD / YYYY 02 / 22 / 2007
Mailing Address 2135 E Independence St		Amount of Each Disbursement this Period -8.35
City Springfield State MO Zip Code 65804-3749	Purpose of Disbursement PAC CREDIT VOUCHER 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 CREDIT VOUCHER

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 0417200735E759 Date of Disbursement MM / DD / YYYY 03 / 01 / 2007
Mailing Address 2135 E Independence St		Amount of Each Disbursement this Period -33.82
City Springfield State MO Zip Code 65804-3749	Purpose of Disbursement PAC CREDIT VOUCHER 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 CREDIT VOUCHER

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. Washington Courier		Transaction ID: 0417200735E758 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7
Mailing Address 5520 Cherokee Ave Suite 120		Amount of Each Disbursement this Period 23.48
City Alexandria State VA Zip Code 22312-2319	[MEMO ITEM] MEMO: PAC COURIER EXPENSE	
Purpose of Disbursement PAC COURIER 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. Acadiana		Transaction ID: 0417200735E756 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 901 New York Avenue, NW		Amount of Each Disbursement this Period 4309.35
City Washington State DC Zip Code 20006-	[MEMO ITEM] MEMO: PAC DINNER EVENT	
Purpose of Disbursement PAC DINNER EVENT		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. Visa		Transaction ID: 0417200735E762 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 77042		Amount of Each Disbursement this Period 4310.92
City Madison State WI Zip Code 53707-1042	CREDIT CARD CHARGES: SEE BELOW	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4310.92
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. Washington Post		Transaction ID: 0417200735E764 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 1150 15th St NW		Amount of Each Disbursement this Period 30.46
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

Full Name (Last, First, Middle Initial) B. Washington Post		Transaction ID: 0417200735E765 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 1150 15th St NW		Amount of Each Disbursement this Period 30.46
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

Full Name (Last, First, Middle Initial) C. Capital Grille		Transaction ID: 0417200735E763 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 4250.00
City Washington State DC Zip Code 20004-2601	Purpose of Disbursement PAC DINNER EVENT 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 DINNER EVENT

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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

A. GMD Technologies Full Name (Last, First, Middle Initial) Mailing Address 3210 S 28th St Apt 302 City Alexandria State VA Zip Code 22302-1326 Purpose of Disbursement PAC TECHNOLOGY 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) ▼		Transaction ID: 0417200735E754 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 608.87 PAC TECHNOLOGY SERVICES
--	--	--

B. McKenna Long & Aldridge Full Name (Last, First, Middle Initial) Mailing Address 303 Peachtree St NE Suite 5300 City Atlanta State GA Zip Code 30308-3265 Purpose of Disbursement PAC LEGAL 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) ▼		Transaction ID: 0417200735E752 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 PAC LEGAL SERVICES
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C. Thompson Communications Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5 City Marshfield State MO Zip Code 65706-0005 Purpose of Disbursement PAC STAFFING 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) ▼		Transaction ID: 0417200735E732 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7 Amount of Each Disbursement this Period 11429.14 PAC STAFFING SERVICES
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SUBTOTAL of Disbursements This Page (optional) ▶	13038.01
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. Kiawah Island Golf Resort		Transaction ID: 0417200735E739 Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
Mailing Address 1 Sanctuary Beach Dr		Amount of Each Disbursement this Period 21290.00
City Johns Island State SC Zip Code 29455-5434	Purpose of Disbursement PAC 2 Event Deposit 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 2 EVENT DEPOSIT

Full Name (Last, First, Middle Initial) B. Jay Perron		Transaction ID: 0417200735E730 Date of Disbursement MM / DD / YYYY 03 / 02 / 2007
Mailing Address 1441 Constitution Ave NE		Amount of Each Disbursement this Period 60.00
City Washington State DC Zip Code 20002-6421	Purpose of Disbursement PAC CAB 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) ▼	PAC CAB EXPENSE

Full Name (Last, First, Middle Initial) C. Jay Perron		Transaction ID: 0417200735E738 Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
Mailing Address 1441 Constitution Ave NE		Amount of Each Disbursement this Period 74.00
City Washington State DC Zip Code 20002-6421	Purpose of Disbursement PAC TRANSPORTATION 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) ▼	PAC TRANSPORTATION EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	21424.00
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. Dan Williams		Transaction ID: 0417200735E736																					
Mailing Address 209 Pennsylvania Ave SE		Date of Disbursement																					
City Washington State DC Zip Code 20003-1107		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	9		2	0	0	7														
Purpose of Disbursement PAC OFFICE EXPENSE		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">111.27</td> </tr> </table>		111.27																			
111.27																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					
		PAC OFFICE EXPENSE																					

Full Name (Last, First, Middle Initial) B. Dan Williams		Transaction ID: 0417200735E751																					
Mailing Address 209 Pennsylvania Ave SE		Date of Disbursement																					
City Washington State DC Zip Code 20003-1107		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	6		2	0	0	7														
Purpose of Disbursement PAC OFFICE SPACE AND FEES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">2112.30</td> </tr> </table>		2112.30																			
2112.30																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					
		PAC OFFICE SPACE AND FEES																					

SUBTOTAL of Disbursements This Page (optional)	▶	2223.57
TOTAL This Period (last page this line number only)	▶	55073.60

**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 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) John T. Doolittle for Congress		Transaction ID: 0417200735E750 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 10531 Mereworth Ln		Amount of Each Disbursement this Period 5000.00 PAC CONTRIBUTION
City State Zip Code Oakton VA 22124-1760	Category/ Type	
Purpose of Disbursement PAC CONTRIBUTION		
Candidate Name JOHN T DOOLITTLE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Thelma Drake for Congress		Transaction ID: 0417200735E745 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 4772 Euclid Rd Ste F		Amount of Each Disbursement this Period 5000.00 PAC CONTRIBUTION
City State Zip Code Virginia Beach VA 23462-3800	Category/ Type	
Purpose of Disbursement PAC CONTRIBUTION		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Friends of Mike Ferguson		Transaction ID: 0417200735E744 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO Box 225		Amount of Each Disbursement this Period 5000.00 PAC CONTRIBUTION
City State Zip Code Colonia NJ 07067-0225	Category/ Type	
Purpose of Disbursement PAC CONTRIBUTION		
Candidate Name MIKE FERGUSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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

FOR LINE NUMBER:
(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. Jeb Bradley for Congress		Transaction ID: 0417200735E743 Date of Disbursement 03 / 26 / 2007
Mailing Address 645 S Main St		Amount of Each Disbursement this Period 5000.00
City Wolfeboro State NH Zip Code 03894-4419	Purpose of Disbursement PAC CONTRIBUTION Candidate Name JOSEPH E III BRADLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		PAC CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Kirk for Congress		Transaction ID: 0417200735E740 Date of Disbursement 03 / 26 / 2007
Mailing Address PO Box 8		Amount of Each Disbursement this Period 5000.00
City Winnetka State IL Zip Code 60093-0008	Purpose of Disbursement PAC CONTRIBUTION Candidate Name MARK STEVEN KIRK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		PAC CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Walberg for Congress		Transaction ID: 0417200735E731 Date of Disbursement 03 / 02 / 2007
Mailing Address 6769 Teachout Rd		Amount of Each Disbursement this Period 5000.00
City Tipton State MI Zip Code 49287-9807	Purpose of Disbursement PAC CONTRIBUTION Candidate Name TIMOTHY WALBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		PAC CONTRIBUTION

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

FOR LINE NUMBER:
(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. Pryce for Congress		Transaction ID: 0417200735E742 Date of Disbursement 03 / 26 / 2007
Mailing Address 145 E Rich St		Amount of Each Disbursement this Period 5000.00
City Columbus State OH Zip Code 43215-5240	Purpose of Disbursement PAC CONTRIBUTION Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		PAC CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Sam Graves for Congress		Transaction ID: 0417200735E728 Date of Disbursement 03 / 27 / 2007
Mailing Address 2345 Grand Blvd Ste 2400		Amount of Each Disbursement this Period 5000.00
City Kansas City State MO Zip Code 64108-2642	Purpose of Disbursement PAC CONTRIBUTION Candidate Name SAMUEL B (SAM) GRAVES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		PAC CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Heather Wilson for Congress		Transaction ID: 0417200735E741 Date of Disbursement 03 / 26 / 2007
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 5000.00
City Albuquerque State NM Zip Code 87191-4070	Purpose of Disbursement PAC CONTRIBUTION Candidate Name HEATHER A. WILSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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 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. Jim Gerlach for Congress Committee		Transaction ID: 0417200735E746 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO Box 87		Amount of Each Disbursement this Period 5000.00
City Uwchland State PA Zip Code 19480-0087	Category/ Type	
Purpose of Disbursement PAC CONTRIBUTION		PAC CONTRIBUTION
Candidate Name JIM GERLACH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Roskam for Congress		Transaction ID: 0417200735E748 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 1919 Briarcliffe Blvd		Amount of Each Disbursement this Period 5000.00
City Wheaton State IL Zip Code 60187-8573	Category/ Type	
Purpose of Disbursement PAC CONTRIBUTION		PAC CONTRIBUTION
Candidate Name PETER ROSKAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Dave Reichart		Transaction ID: 0417200735E753 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 53322		Amount of Each Disbursement this Period 5000.00
City Bellevue State WA Zip Code 98015-3322	Category/ Type	
Purpose of Disbursement PAC CONTRIBUTION		PAC CONTRIBUTION
Candidate Name DAVE REICHERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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) ▶	[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 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. Brian Gaston		Transaction ID: 0417200735E735 Date of Disbursement 03 / 09 / 2007	
Mailing Address 919 Bernard St		Amount of Each Disbursement this Period 537.27	
City Alexandria State VA Zip Code 22314-1209	Purpose of Disbursement PAC STAFF TRAVEL EXPENSE	Category/Type	
Candidate Name ILEANA ROS-LEHTINEN	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	IN KIND: PAC STAFF TRAVEL EXPENSE		

Full Name (Last, First, Middle Initial) B. Heller for Congress		Transaction ID: 0417200735E749 Date of Disbursement 03 / 26 / 2007	
Mailing Address PO Box 750580		Amount of Each Disbursement this Period 5000.00	
City Las Vegas State NV Zip Code 89136-0580	Purpose of Disbursement PAC CONTRIBUTION	Category/Type	
Candidate Name DEAN HELLER	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	PAC CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional)

5537.27

TOTAL This Period (last page this line number only)

65537.27