

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 04 / 2014 in the State of DC

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer Paul Kilgore [Electronically Filed] Date 12 / 04 / 2014

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Rely on Your Beliefs Fund

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="297097.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="218400.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="54000.00"/>	<input type="text" value="510838.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="272400.33"/>	<input type="text" value="807936.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="138148.08"/>	<input type="text" value="673683.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="134252.25"/>	<input type="text" value="134252.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Rely on Your Beliefs Fund

Report Covering the Period: From: / / To: / /

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).....	3000.00	53000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3000.00	53000.00
(b) Political Party Committees	0.00	338.27
(c) Other Political Committees (such as PACs).....	46000.00	452500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	49000.00	505838.27
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.....	5000.00	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 Transfers (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))..... ▶	54000.00	510838.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	54000.00	510838.27

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	33148.08	290683.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33148.08	290683.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	105000.00	383000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	138148.08	673683.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138148.08	673683.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	49000.00	505838.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49000.00	505838.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	33148.08	290683.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	33148.08	290683.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<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	

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. Edward Hamberger

Mailing Address 4430 Chalfont Pl

City State Zip Code
Bethesda MD 20816-1811

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

Name of Employer Occupation
Association of American RR President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 04 / 2014
Transaction ID : 41128.C1863

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Wiley Rein LLP

Mailing Address 1776 K St NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
11 / 18 / 2014
Transaction ID : 41203.C1880

Amount of Each Receipt this Period
2000.00

Receipt

Full Name (Last, First, Middle Initial)
C. William Roberts

Mailing Address 1776 K St NW

City State Zip Code
Washington DC 20006-2304

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

Name of Employer Occupation
Wiley Rein & Fielding Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 18 / 2014
Transaction ID : 41128.C1877

Amount of Each Receipt this Period
1000.00

Memo
[MEMO ITEM]
Partnership->Wiley Rein LLP Partnership

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Jim Wallace

Mailing Address 1776 K St NW

City Washington State DC Zip Code 20006-2304

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

Name of Employer Occupation
Wiley Rein & Fielding Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2014

Transaction ID : 41128.C1878

Amount of Each Receipt this Period
1000.00

Memo
[MEMO ITEM]
Partnership->Wiley Rein LLP Partnership

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
<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. Aetna PAC

Mailing Address 1331 F St NW Ste 450

City Washington State DC Zip Code 20004-1133

FEC ID number of contributing federal political committee. **C C00181826**

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
11			04			2014			

Transaction ID : 41128.C1865

Amount of Each Receipt this Period
2500.00

Receipt

Full Name (Last, First, Middle Initial)
B. Anheuser-Busch PAC

Mailing Address 1401 I St NW Ste 200

City Washington State DC Zip Code 20005-6549

FEC ID number of contributing federal political committee. **C C00034488**

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
11			18			2014			

Transaction ID : 41128.C1872

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 1401 I St NW Ste 1100

City Washington State DC Zip Code 20005-2296

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : 41022.C1860

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
<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. Bipartisan PAC/Bank of NY Mellon Corp
 Full Name (Last, First, Middle Initial)
 Mailing Address Bny Mellon Center Rm 710
 City Pittsburgh State PA Zip Code 15258-0001
 FEC ID number of contributing federal political committee. **C** C00017558
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 41022.C1858
 Amount of Each Receipt this Period
 5000.00
 Receipt

B. Blue Cross Blue Shield PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 G St NW
 City Washington State DC Zip Code 20005-3000
 FEC ID number of contributing federal political committee. **C** C00194746
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : 41128.C1867
 Amount of Each Receipt this Period
 5000.00
 Receipt

C. Comcast Corporation & NBCUniversal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Pennsylvania Ave NW Ste 500
 City Washington State DC Zip Code 20006-1873
 FEC ID number of contributing federal political committee. **C** C00248716
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : 41128.C1868
 Amount of Each Receipt this Period
 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<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. Husch Blackwell PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4801 Main St Ste 1000
 City Kansas City State MO Zip Code 64112-2551
 FEC ID number of contributing federal political committee. **C** C00424382
 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 Y
 11 / 18 / 2014
Transaction ID : 41128.C1869
 Amount of Each Receipt this Period
 2500.00
 Receipt

B. PCIPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 N Capitol St NW Ste 801
 City Washington State DC Zip Code 20001-1508
 FEC ID number of contributing federal political committee. **C** C00066472
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2014
Transaction ID : 41128.C1871
 Amount of Each Receipt this Period
 1500.00
 Receipt

C. Taxicab Limo & Paratransit Assn PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 Tower Oaks Blvd Ste 220
 City Rockville State MD Zip Code 20852-4265
 FEC ID number of contributing federal political committee. **C** C00132480
 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 Y
 10 / 21 / 2014
Transaction ID : 41022.C1861
 Amount of Each Receipt this Period
 2500.00
 Receipt

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
<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. Truck PAC		Date of Receipt
Mailing Address 430 1st St SE		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20003-1826
FEC ID number of contributing federal political committee.		Transaction ID : 41022.C1862
<input type="text" value="C"/> <input type="text" value="C00002881"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		Receipt
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. UPS PAC		Date of Receipt
Mailing Address 55 Glenlake Pkwy NE		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30328-3474
FEC ID number of contributing federal political committee.		Transaction ID : 41128.C1873
<input type="text" value="C"/> <input type="text" value="C00064766"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		Receipt
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/> <input type="text"/>		<input type="text"/>
Name of Employer		Receipt
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="46000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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. Friends of Jack Kingston		Date of Receipt
Mailing Address PO Box 2133		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Savannah	GA	31402-2133
FEC ID number of contributing federal political committee.		Transaction ID : 41128.C1870
FEC ID number of contributing federal political committee. C C00544676		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	Refund of Contribution Made
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5000.00"/>

**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

Full Name (Last, First, Middle Initial)

A. Glen Chambers

Mailing Address 8000 Karl Rd

City Alexandria State VA Zip Code 22308-1455

Purpose of Disbursement
See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 41128.E3036

Amount of Each Disbursement this Period

359.20

SEE BELOW

Full Name (Last, First, Middle Initial)

B. Enterprise Rent-A- Car

Mailing Address 398 Meeting St

City Charleston State SC Zip Code 29403-6233

Purpose of Disbursement
PAC Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 41128.E3037

Amount of Each Disbursement this Period

359.20

[MEMO ITEM]
MEMO: PAC CAR RENTAL

Full Name (Last, First, Middle Initial)

C. Professional Data Services, Inc.

Mailing Address 2470 Daniels Bridge Rd Ste 121

City Athens State GA Zip Code 30606-6188

Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : 41128.E3022

Amount of Each Disbursement this Period

3061.50

PAC COMPLIANCE CONSULTING

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

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

3420.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Thompson Communications

Mailing Address PO Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : 41128.E3024

Amount of Each Disbursement this Period

12897.89

SEE BELOW

Full Name (Last, First, Middle Initial)

B. Thompson Communications

Mailing Address PO Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
PAC Payroll Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : 41128.E3025

Amount of Each Disbursement this Period

730.07

[MEMO ITEM]
MEMO: PAC PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

C. Keri Ann Hayes

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC Salary & Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : 41128.E3026

Amount of Each Disbursement this Period

12167.82

[MEMO ITEM]
MEMO: PAC SALARY & BENEFITS

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

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

12897.89

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Thompson Communications

Mailing Address PO Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : 41128.E3044

Amount of Each Disbursement this Period

12897.89

SEE BELOW

Full Name (Last, First, Middle Initial)

B. Thompson Communications

Mailing Address PO Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
PAC Payroll Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : 41128.E3045

Amount of Each Disbursement this Period

730.07

[MEMO ITEM]
MEMO: PAC PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

C. Keri Ann Hayes

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC Salary & Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : 41128.E3046

Amount of Each Disbursement this Period

12167.82

[MEMO ITEM]
MEMO: PAC SALARY & BENEFITS

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

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

12897.89

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

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

FOR LINE NUMBER:
(check only one)

<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. Verizon Wireless

Mailing Address PO Box 19769

City State Zip Code
Irvine CA 92623-9769

Purpose of Disbursement
PAC Telephone

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 41128.E3027

Amount of Each Disbursement this Period

163.33

PAC TELEPHONE

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address PO Box 4512

City State Zip Code
Carol Stream IL 60197-4512

Purpose of Disbursement
See Below

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : 41128.E3029

Amount of Each Disbursement this Period

3289.41

SEE BELOW

Full Name (Last, First, Middle Initial)

C. Pinnacle Promotions

Mailing Address 6649 Peachtree Industrial Blvd Ste

City State Zip Code
Norcross GA 30092-4302

Purpose of Disbursement
PAC Event Supplies

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : 41128.E3030

Amount of Each Disbursement this Period

1271.16

[MEMO ITEM]
MEMO: PAC EVENT SUPPLIES

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

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

3452.74

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

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

FOR LINE NUMBER:
(check only one)

<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. AT&T

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197-6463

Purpose of Disbursement
PAC Telephone

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : 41128.E3031

Amount of Each Disbursement this Period

233.39

[MEMO ITEM]
MEMO: PAC TELEPHONE

Full Name (Last, First, Middle Initial)

B. Adelman Travel Group

Mailing Address 3424 S National Ave

City Springfield State MO Zip Code 65807-7307

Purpose of Disbursement
PAC Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : 41128.E3032

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]
MEMO: PAC TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

C. Delta

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
PAC Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : 41128.E3033

Amount of Each Disbursement this Period

673.10

[MEMO ITEM]
MEMO: PAC AIRFARE

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<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. Poppingtons

Mailing Address 30 S Main St

City Greenville State SC Zip Code 29601-2709

Purpose of Disbursement
PAC Event Supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : 41128.E3034

Amount of Each Disbursement this Period

551.10

[MEMO ITEM]
MEMO: PAC EVENT SUPPLIES

Full Name (Last, First, Middle Initial)

B. Stickneys

Mailing Address 310 Mount Washington Hotel Rd

City Bretton Woods State NH Zip Code 03575-3098

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

Transaction ID : 41128.E3035

Amount of Each Disbursement this Period

248.25

[MEMO ITEM]
MEMO: PAC MEETING EXPENSE

Full Name (Last, First, Middle Initial)

C. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC Rent & Phone

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : 41022.E3007

Amount of Each Disbursement this Period

478.86

PAC RENT & PHONE

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

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

478.86

33148.08

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Richard Burr Committee

Mailing Address PO Box 5928

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD M BURR

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
Primary 2016

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 41128.E3038

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. The Richard Burr Committee

Mailing Address PO Box 5928

City Winston Salem State NC Zip Code 27113-5928

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD M BURR

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
General 2016

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 41128.E3039

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898-0505

Purpose of Disbursement
CONTRIBUTION

Candidate Name
WILLIAM CASSIDY

Office Sought: House
 Senate
 President
State: LA District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
Runoff

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

Transaction ID : 41128.E3023

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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CONTRIBUTION

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

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

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dan Coats for Indiana

Mailing Address PO Box 301141

City Indianapolis State IN Zip Code 46230-1141

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DAN COATS FOR INDIANA

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **Primary 2016**

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 41128.E3010

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701-1948

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MICHAEL D CRAPO

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **Primary 2016**

State: ID District: 00

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 41128.E3017

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701-1948

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MICHAEL D CRAPO

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **General 2016**

State: ID District: 00

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 41128.E3016

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

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

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

15000.00

**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 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. Hoeven for Senate

Mailing Address PO Box 15114

City State Zip Code
Arlington VA 22215-0114

Purpose of Disbursement
CONTRIBUTION

Candidate Name
HOEVEN FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
General 2016

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : 41128.E3041

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Hoeven for Senate

Mailing Address PO Box 15114

City State Zip Code
Arlington VA 22215-0114

Purpose of Disbursement
CONTRIBUTION

Candidate Name
HOEVEN FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
Primary 2016

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : 41128.E3040

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Kansas Republican Party Federal

Mailing Address PO Box 4157

City State Zip Code
Topeka KS 66604-0157

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KANSAS REPUBLICAN PARTY

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : 41022.E3004

Amount of Each Disbursement this Period

1254.00

CONTRIBUTION

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

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

11254.00

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

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

FOR LINE NUMBER:
(check only one)

<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. Kirk for Senate

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093-0008

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KIRK FOR SENATE

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) **Primary 2016**

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 41128.E3011

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Friends of John McCain

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN S MCCAIN

Office Sought: House Senate President

State: AZ District: 00

Disbursement For: Primary General Other (specify) **Primary 2016**

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 41128.E3009

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Missouri Republican State Comm-Fed

Mailing Address 204 E Dunklin St

City Jefferson City State MO Zip Code 65101-3127

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MISSOURI REPUBLICAN STATE COMMITTEE-FEDERAL

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) **Primary**

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 41128.E3008

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

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

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

15000.00

**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 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. Moran for Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JERRY MORAN

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
General 2016

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

Transaction ID : 41128.E3028

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Portman for Senate Committee

Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROB PORTMAN

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
Primary 2016

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 41128.E3021

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROB PORTMAN

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
General 2016

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 41128.E3020

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

<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. Shelby for US Senate

Mailing Address PO Box 1091

City Tuscaloosa State AL Zip Code 35403-1091

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD C SHELBY

Office Sought: House
 Senate
 President
State: AL District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
Primary 2016

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : 41128.E3043

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Shelby for US Senate

Mailing Address PO Box 1091

City Tuscaloosa State AL Zip Code 35403-1091

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD C SHELBY

Office Sought: House
 Senate
 President
State: AL District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
General 2016

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : 41128.E3042

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Friends of John Thune

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101-0841

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN THUNE

Office Sought: House
 Senate
 President
State: SD District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
Primary 2016

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 41128.E3012

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

<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. Friends of John Thune

Mailing Address PO Box 841

City State Zip Code
Sioux Falls SD 57101-0841

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN THUNE

Office Sought: House
 Senate
 President
State: SD District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
General 2016

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 41128.E3013

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Friends of Pat Toomey

Mailing Address 228 S Washington St Ste 115

City State Zip Code
Alexandria VA 22314-5404

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATRICK JOSEPH TOOMEY

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
Primary 2016

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 41128.E3018

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Friends of Pat Toomey

Mailing Address 228 S Washington St Ste 115

City State Zip Code
Alexandria VA 22314-5404

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATRICK JOSEPH TOOMEY

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For:
 Primary General
 Other (specify) ▼
General 2016

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 41128.E3019

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

<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. KANSAS REPUBLICAN PARTY-FEDERAL

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
AIRFARE

Candidate Name
KANSAS REPUBLICAN PARTY

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **Primary**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	0		2	0	1	4		

Transaction ID : 41022.E3005

Amount of Each Disbursement this Period

3	7	4	6	.	0	0
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-FEDERALIN KIND: AIRFARE

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

3	7	4	6	.	0	0
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1	0	5	0	0	0	0
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