

# 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

IF YOU BELIEVE PAC

ADDRESS (number and street) 2854 State Route 61

Check if different than previously reported. (ACC) Norwalk OH 44857

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00487934

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <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 checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on 11 02 2010 in the State of OH

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

Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 Mr. Don Race

Signature of Treasurer Electronically Filed by Mr. Don Race Date 10 18 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
IF YOU BELIEVE PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	4184.65									
(c) Total Receipts (from Line 19) .....	3180.00	8453.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	7364.65	8453.00								
7. Total Disbursements (from Line 31) .....	2080.00	3168.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5284.65	5284.65								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
IF YOU BELIEVE PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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	4650.00
(ii) Unitemized .....	180.00	3803.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3180.00	8453.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3180.00	8453.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3180.00	8453.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3180.00	8453.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	2080.00	3120.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	48.35
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))..	2080.00	3168.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2080.00	3168.35

**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) .....	3180.00	8453.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3180.00	8453.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 9	
	(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

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)  
IF YOU BELIEVE PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. William J Lund		Date of Receipt		
	Mailing Address 1199 Prairie Dr		M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4286	
	Norwalk	OH	44857	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	3000.00	
	Name of Employer Lund & Smith Insurance Service		Occupation Insurance Agent	Receipt For:	
<input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	<input type="checkbox"/> Other (specify) ▼		
			3500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3000.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) IF YOU BELIEVE PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00487934
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
BAS Broadcasting

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Mailing Address  
1281 North River Road

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City Fremont	State OH	Zip Code 43420
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Purpose of Expenditure Radio Advertising	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCY C HON. KAPTUR

---

Calendar Year-To-Date Per Election for Office Sought	1730.00
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Date  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Amount  
360.00

Transaction ID: SE.4295

Office Sought:  House State: OH  
 Senate District: 09  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
BAS Broadcasting

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Mailing Address  
1281 North River Road

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City Fremont	State OH	Zip Code 43420
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Purpose of Expenditure Radio Advertising	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCY C HON. KAPTUR

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Calendar Year-To-Date Per Election for Office Sought	2440.00
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Date  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Amount  
360.00

Transaction ID: SE.4299

Office Sought:  House State: OH  
 Senate District: 09  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	720.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Don Race  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) IF YOU BELIEVE PAC	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00487934
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Elyria-Lorain Broadcasting Co

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Mailing Address  
10327 Milan Road (U.S. 250)

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City Milan	State OH	Zip Code 44846
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Purpose of Expenditure Radio Advertisement	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCY C HON. KAPTUR

---

Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">2080.00</span>
---	---

Date  
M 1 0 / D 0 7 / Y 2 0 1 0

---

Amount  
350.00

**Transaction ID:** SE.4296

---

Office Sought:  House State: OH  
 Senate District: 09  
 Presidential

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Check One:  Support  Oppose

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Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

Full Name (Last, First, Middle, Initial) of Payee  
Elyria-Lorain Broadcasting Co

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Mailing Address  
10327 Milan Road (U.S. 250)

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City Milan	State OH	Zip Code 44846
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Purpose of Expenditure Radio Advertising	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCY C HON. KAPTUR

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Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">2790.00</span>
---	---

Date  
M 1 0 / D 1 1 / Y 2 0 1 0

---

Amount  
350.00

**Transaction ID:** SE.4300

---

Office Sought:  House State: OH  
 Senate District: 09  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">700.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;"> </span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Don Race  
Signature \_\_\_\_\_

Date M 1 0 / D 1 8 / Y 2 0 1 0

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) IF YOU BELIEVE PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00487934
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
WGGN Radio

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Mailing Address  
3809 Maple Avenue  
PO Box 247

---

City	State	Zip Code
Castalia	OH	44824

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Purpose of Expenditure Radio Advertisement	Category/ Type	004
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCY C HON. KAPTUR

---

Calendar Year-To-Date Per Election for Office Sought	1370.00
---	---------

Date  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Amount  
330.00

Transaction ID: SE.4294

Office Sought:  House State: OH  
 Senate District: 09  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
WGGN Radio

---

Mailing Address  
3809 Maple Avenue  
PO Box 247

---

City	State	Zip Code
Castalia	OH	44824

---

Purpose of Expenditure Radio Advertising	Category/ Type	004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCY C HON. KAPTUR

---

Calendar Year-To-Date Per Election for Office Sought	3120.00
---	---------

Date  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Amount  
330.00

Transaction ID: SE.4301

Office Sought:  House State: OH  
 Senate District: 09  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	660.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	2080.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Don Race  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0