

# 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 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer Electronically Filed by Paul Kilgore Date 01 29 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  
Rely on Your Beliefs Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		102439.11
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	28263.28									
(c) Total Receipts (from Line 19) .....	46500.00	92000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74763.28	194439.11								
7. Total Disbursements (from Line 31) .....	38545.38	158221.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36217.90	36217.90								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1000.00	7000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1000.00	7000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	27500.00	67000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28500.00	74000.00
12. Transfers From Affiliated/Other Party Committees .....	18000.00	18000.00
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)) .....	46500.00	92000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46500.00	92000.00

**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.....	23045.38	142721.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	23045.38	142721.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	15500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38545.38	158221.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38545.38	158221.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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) .....	28500.00	74000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28500.00	74000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23045.38	142721.21
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23045.38	142721.21

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

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  
 1 2 / 2 3 / 2 0 0 9

**Transaction ID:** 00113.C985

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
FMR LLC PAC

Mailing Address 82 Devonshire St

City State Zip Code  
Boston MA 02109-3605

FEC ID number of contributing federal political committee. **C** C00380550

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 9

**Transaction ID:** 00113.C979

Amount of Each Receipt this Period  
2500.00

Receipt

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

Mailing Address 101 Constitution Ave NW Ste 500W  
Suite 500W

City State Zip Code  
Washington DC 20001-2177

FEC ID number of contributing federal political committee. **C** C00096156

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  
 1 2 / 2 3 / 2 0 0 9

**Transaction ID:** 00113.C982

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 23

(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)  
New York Life PAC

Mailing Address 51 Madison Ave Rm 1109

City State Zip Code  
New York NY 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: 00113.C981

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Pricewaterhouse Coopers PAC

Mailing Address 1301 K St NW Ste 800  
Suite 800 West

City State Zip Code  
Washington DC 20005-3317

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: 00113.C984

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
TargetCitizens Political Forum

Mailing Address 1200 19th St NW  
7th Floor

City State Zip Code  
Washington DC 20036-2430

FEC ID number of contributing federal political committee. **C** C00098061

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  
1 2 / 2 3 / 2 0 0 9

Transaction ID: 00113.C980

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 23</span>	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) UPS PAC		Date of Receipt																				
Mailing Address 55 Glenlake Pkwy NE		<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>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	3		2	0	0	9													
City	State	Zip Code																				
Atlanta	GA	30328-3474																				
FEC ID number of contributing federal political committee.		Transaction ID: 00113.C983																				
<b>C</b> C00064766		Amount of Each Receipt this Period																				
Name of Employer		5000.00																				
Occupation		Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																				
		5000.00																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	27500.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 23	
	(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) James Smith		Date of Receipt
Mailing Address 5214 Farrington Rd		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
City	State	Zip Code
Bethesda	MD	20816-2920
FEC ID number of contributing federal political committee.		Transaction ID: 00113.C978
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer Smith-Free Group	Occupation Chairman	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1000.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Blunt Joint Fundraising Committee

Mailing Address PO Box 365

City State Zip Code  
Mc Lean VA 22101-0365

FEC ID number of contributing federal political committee. **C** C00461715

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** 00113.C986

Amount of Each Receipt this Period  
18000.00

Transfers From Affil./Auth.

**B.** Full Name (Last, First, Middle Initial)  
Douglas Albrecht

Mailing Address 16 Upper Ladue Rd

City State Zip Code  
Saint Louis MO 63124-1675

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** 00113.C991

Amount of Each Receipt this Period  
5000.00

Transfer Memo  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Rex Sinquefield

Mailing Address 244 Bent Walnut

City State Zip Code  
Westphalia MO 65085-

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** 00113.C993

Amount of Each Receipt this Period  
5000.00

Transfer Memo  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **18000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
August Busch, III

Mailing Address 1 Mid Rivers Mall Dr Ste 210

City State Zip Code  
Saint Peters MO 63376-4322

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** 00113.C989

Amount of Each Receipt this Period  
200.00

Transfer Memo  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Jerry Clinton

Mailing Address 17 Huntleigh Woods

City State Zip Code  
Saint Louis MO 63131-4818

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** 00113.C992

Amount of Each Receipt this Period  
200.00

Transfer Memo  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Patrick Moore

Mailing Address 10412 Litzsinger Rd

City State Zip Code  
Saint Louis MO 63131-3500

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** 00113.C990

Amount of Each Receipt this Period  
200.00

Transfer Memo  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
David Humphreys

Mailing Address PO Box 4050

City State Zip Code  
Joplin MO 64803-4050

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

Name of Employer Occupation  
Tamko Building Products Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** 00113.C987

Amount of Each Receipt this Period  
5000.00

Transfer Memo  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Steven Trulaske, Sr.

Mailing Address PO Box 97

City State Zip Code  
O Fallon MO 63366-0097

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** 00113.C988

Amount of Each Receipt this Period  
5000.00

Transfer Memo  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Camilla Brauer

Mailing Address 11250 Hunter Dr

City State Zip Code  
Bridgeton MO 63044-2306

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3406.60

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** 00129.C995

Amount of Each Receipt this Period  
3406.60

Transfer Memo  
**[MEMO ITEM]**  
NOTE: In-Kind

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

**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 13 / 23	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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) Stephen Brauer		Date of Receipt	
Mailing Address 11250 Hunter Dr		M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 9	
City	State	Zip Code	Transaction ID: 00129.C994
Bridgeton	MO	63044-2306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	3406.61
Name of Employer Hunter Engineering Company	Occupation President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	3406.61		
<input type="checkbox"/> Other (specify) ▼	Transfer Memo		
			<b>[MEMO ITEM]</b> NOTE: In-Kind

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	18000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: 00113.E1838
	Mailing Address PO Box 72470244	Date of Disbursement MM / DD / YYYY 12 / 23 / 2009
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period 66.72
	Purpose of Disbursement PAC Shipping Candidate Name	Category/Type PAC SHIPPING
	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:	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 90710.E1804
	Mailing Address PO Box 77042	Date of Disbursement MM / DD / YYYY 07 / 02 / 2009
	City Madison State WI Zip Code 53707-1042	Amount of Each Disbursement this Period 176.35
	Purpose of Disbursement See Below-No Itemization Necessary Candidate Name	Category/Type SEE BELOW-NO ITEMIZATION NECESSARY
	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:	

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 00113.E1816
	Mailing Address PO Box 77042	Date of Disbursement MM / DD / YYYY 08 / 10 / 2009
	City Madison State WI Zip Code 53707-1042	Amount of Each Disbursement this Period 21.82
	Purpose of Disbursement See Below-No Itemization Necessary Candidate Name	Category/Type SEE BELOW-NO ITEMIZATION NECESSARY
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>264.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 00113.E1811 Date of Disbursement 08 / 10 / 2009
	Mailing Address PO Box 77042	Amount of Each Disbursement this Period 89.00
	City Madison State WI Zip Code 53707-1042	
	Purpose of Disbursement See Below-No Itemization Necessary 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) ▼
		SEE BELOW-NO ITEMIZATION NECESSARY

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 00113.E1817 Date of Disbursement 08 / 10 / 2009
	Mailing Address PO Box 77042	Amount of Each Disbursement this Period 42.29
	City Madison State WI Zip Code 53707-1042	
	Purpose of Disbursement See Below-No Itemization Necessary 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) ▼
		SEE BELOW-NO ITEMIZATION NECESSARY

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 00113.E1822 Date of Disbursement 11 / 03 / 2009
	Mailing Address PO Box 77042	Amount of Each Disbursement this Period 74.88
	City Madison State WI Zip Code 53707-1042	
	Purpose of Disbursement See Below-No Itemization Necessary 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) ▼
		SEE BELOW-NO ITEMIZATION NECESSARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	206.17
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 00113.E1824 Date of Disbursement
	Mailing Address PO Box 77042	<input type="text" value="11"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Madison State WI Zip Code 53707-1042	Amount of Each Disbursement this Period
	Purpose of Disbursement See Below-No Itemization Necessary	<input type="text" value="25.00"/>
	Candidate Name	SEE BELOW-NO ITEMIZATION NECESSARY
	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:	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 00113.E1829 Date of Disbursement
	Mailing Address PO Box 77042	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Madison State WI Zip Code 53707-1042	Amount of Each Disbursement this Period
	Purpose of Disbursement See Below-No Itemization Necessary	<input type="text" value="17.96"/>
	Candidate Name	SEE BELOW-NO ITEMIZATION NECESSARY
	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:	

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 00113.E1839 Date of Disbursement
	Mailing Address PO Box 77042	<input type="text" value="12"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Madison State WI Zip Code 53707-1042	Amount of Each Disbursement this Period
	Purpose of Disbursement See Below-No Itemization Necessary	<input type="text" value="11.04"/>
	Candidate Name	SEE BELOW-NO ITEMIZATION NECESSARY
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="54.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GMD Technologies	Transaction ID: 00113.E1815 Date of Disbursement 08 / 10 / 2009
	Mailing Address 3210 S 28th St Apt 302	Amount of Each Disbursement this Period 164.05
	City Alexandria State VA Zip Code 22302-1326	
	Purpose of Disbursement PAC Technology 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) ▼
		PAC TECHNOLOGY SERVICES

B.	Full Name (Last, First, Middle Initial) GMD Technologies	Transaction ID: 00113.E1841 Date of Disbursement 12 / 23 / 2009
	Mailing Address 3210 S 28th St Apt 302	Amount of Each Disbursement this Period 2439.54
	City Alexandria State VA Zip Code 22302-1326	
	Purpose of Disbursement PAC Technology 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) ▼
		PAC TECHNOLOGY SERVICES

C.	Full Name (Last, First, Middle Initial) McKenna Long & Aldridge	Transaction ID: 00113.E1837 Date of Disbursement 12 / 23 / 2009
	Mailing Address 303 Peachtree St NE Suite 5300	Amount of Each Disbursement this Period 6013.80
	City Atlanta State GA Zip Code 30308-3265	
	Purpose of Disbursement PAC Legal Fees 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) ▼
		PAC LEGAL FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8617.39
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Thompson Communications	Transaction ID: 90710.E1802 Date of Disbursement 07 / 02 / 2009
	Mailing Address P.O. Box 5	Amount of Each Disbursement this Period 3531.82
	City Marshfield State MO Zip Code 65706-0005	
	Purpose of Disbursement 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) ▼
		SEE BELOW

B.	Full Name (Last, First, Middle Initial) Keri Ann Hayes	Transaction ID: 90710.E1803 Date of Disbursement 07 / 02 / 2009
	Mailing Address 202 11th St NE	Amount of Each Disbursement this Period 3531.82
	City Washington State DC Zip Code 20002-6218	
	Purpose of Disbursement PAC Salary & Benefits	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) ▼
		[MEMO ITEM] MEMO: PAC SALARY & BENEFITS

C.	Full Name (Last, First, Middle Initial) Thompson Communications	Transaction ID: 00113.E1812 Date of Disbursement 08 / 10 / 2009
	Mailing Address P.O. Box 5	Amount of Each Disbursement this Period 1765.91
	City Marshfield State MO Zip Code 65706-0005	
	Purpose of Disbursement 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) ▼
		SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5297.73
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Thompson Communications Mailing Address P.O. Box 5 City Marshfield State MO Zip Code 65706-0005 Purpose of Disbursement PAC Administration Fee 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: 00113.E1814 Date of Disbursement 08 / 10 / 2009
	Category/Type	Amount of Each Disbursement this Period 99.96 [MEMO ITEM] MEMO: PAC ADMINISTRATION FEE

<b>B.</b> Full Name (Last, First, Middle Initial) Keri Ann Hayes Mailing Address 202 11th St NE City Washington State DC Zip Code 20002-6218 Purpose of Disbursement PAC Salary 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: 00113.E1813 Date of Disbursement 08 / 10 / 2009
	Category/Type	Amount of Each Disbursement this Period 1665.95 [MEMO ITEM] MEMO: PAC SALARY

<b>C.</b> Full Name (Last, First, Middle Initial) Thompson Communications Mailing Address P.O. Box 5 City Marshfield State MO Zip Code 65706-0005 Purpose of Disbursement See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00113.E1825 Date of Disbursement 11 / 03 / 2009
	Category/Type	Amount of Each Disbursement this Period 1765.91 SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1765.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement  
PAC Administration Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00113.E1827  
Date of Disbursement

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

Amount of Each Disbursement this Period

99.96
-------

[MEMO ITEM]

MEMO: PAC ADMINISTRATION FEE

B.

Full Name (Last, First, Middle Initial)  
Keri Ann Hayes

Mailing Address 202 11th St NE

City Washington State DC Zip Code 20002-6218

Purpose of Disbursement  
PAC Salary & Benefits

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00113.E1826  
Date of Disbursement

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

Amount of Each Disbursement this Period

1665.95
---------

[MEMO ITEM]

MEMO: PAC SALARY & BENEFITS

C.

Full Name (Last, First, Middle Initial)  
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement  
See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 00113.E1830  
Date of Disbursement

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

Amount of Each Disbursement this Period

1765.91
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SEE BELOW

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

1765.91
---------

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

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Thompson Communications Mailing Address P.O. Box 5 City Marshfield State MO Zip Code 65706-0005 Purpose of Disbursement PAC Administration Fee 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: 00113.E1831 Date of Disbursement 12 / 03 / 2009
	Category/Type Amount of Each Disbursement this Period 99.96 [MEMO ITEM] MEMO: PAC ADMINISTRATION FEE	

<b>B.</b> Full Name (Last, First, Middle Initial) Keri Ann Hayes Mailing Address 202 11th St NE City Washington State DC Zip Code 20002-6218 Purpose of Disbursement PAC Salary & Benefits 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: 00113.E1832 Date of Disbursement 12 / 03 / 2009
	Category/Type Amount of Each Disbursement this Period 1665.95 [MEMO ITEM] MEMO: PAC SALARY & BENEFITS	

<b>C.</b> Full Name (Last, First, Middle Initial) Professional Data Services, Inc. Mailing Address 337 S Milledge Ave Ste 101 City Athens State GA Zip Code 30605-1083 Purpose of Disbursement Compliance Consulting 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: 90710.E1800 Date of Disbursement 07 / 02 / 2009
	Category/Type Amount of Each Disbursement this Period 3002.52 COMPLIANCE CONSULTING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3002.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Professional Data Services, Inc.	Transaction ID: 00113.E1810 Date of Disbursement 08 / 10 / 2009
	Mailing Address 337 S Milledge Ave Ste 101	Amount of Each Disbursement this Period 1501.68
	City Athens State GA Zip Code 30605-1083	
	Purpose of Disbursement Compliance Consulting 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) ▼
		COMPLIANCE CONSULTING

B.	Full Name (Last, First, Middle Initial) Dan Williams	Transaction ID: 90710.E1805 Date of Disbursement 07 / 02 / 2009
	Mailing Address 209 Pennsylvania Ave SE	Amount of Each Disbursement this Period 209.29
	City Washington State DC Zip Code 20003-1107	
	Purpose of Disbursement PAC Office Rent 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) ▼
		PAC OFFICE RENT

C.	Full Name (Last, First, Middle Initial) Dan Williams	Transaction ID: 00113.E1840 Date of Disbursement 12 / 23 / 2009
	Mailing Address 209 Pennsylvania Ave SE	Amount of Each Disbursement this Period 158.51
	City Washington State DC Zip Code 20003-1107	
	Purpose of Disbursement PAC Office Rent 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) ▼
		PAC OFFICE RENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1869.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>22844.00</b>

**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

<b>A.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Comm Mailing Address 320 1st St SE City Washington State DC Zip Code 20003-1838 Purpose of Disbursement 2009 PAC CONTRIBUTION Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00113.E1821 Date of Disbursement 09 / 15 / 2009
	Amount of Each Disbursement this Period 9500.00 2009 PAC CONTRIBUTION

<b>B.</b> Full Name (Last, First, Middle Initial) Ethan Hastert for Congress Mailing Address PO Box 576 City Geneva State IL Zip Code 60134-0576 Purpose of Disbursement Candidate Name ETHAN ALLEN HASTERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14	Transaction ID: 00113.E1836 Date of Disbursement 12 / 23 / 2009
	Amount of Each Disbursement this Period 5000.00

<b>C.</b> Full Name (Last, First, Middle Initial) Doug Hoffman for Congress Mailing Address 111 River St City Saranac Lake State NY Zip Code 12983-2044 Purpose of Disbursement Candidate Name DOUGLAS HOFFMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General State: NY District: 23	Transaction ID: 00113.E1828 Date of Disbursement 11 / 02 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	15500.00