

# 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 (12S)  
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 2010 through 09 30 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 Paul Kilgore

Signature of Treasurer Electronically Filed by Paul Kilgore Date 10 15 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	D D	Y Y Y Y
0 7	0 1	2 0 1 0

 To: 

M M	D D	Y Y Y Y
0 9	3 0	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 Y Y Y</td></tr><tr><td>2 0 1 0</td></tr></table>	Y Y Y Y	2 0 1 0		36217.90
Y Y Y Y				
2 0 1 0				
(b) Cash on Hand at Beginning of Reporting Period .....	94516.50			
(c) Total Receipts (from Line 19) .....	29450.00	114550.00		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	123966.50	150767.90		
7. Total Disbursements (from Line 31) .....	21918.36	48719.76		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	102048.14	102048.14		
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  
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) .....	5450.00	10550.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5450.00	10550.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	24000.00	54000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29450.00	64550.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	50000.00
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)) .....	29450.00	114550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29450.00	114550.00

**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.....	6918.36	18719.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6918.36	18719.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	30000.00
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))..	21918.36	48719.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21918.36	48719.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	29450.00	64550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29450.00	64550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6918.36	18719.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6918.36	18719.76

**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 / 11
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield PAC		Date of Receipt
	Mailing Address 1310 G St NW		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20005-3000
	FEC ID number of contributing federal political committee. <b>C</b> C00194746		Transaction ID: 01013.C1036
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Deloitte & Touche PAC		Date of Receipt
	Mailing Address PO Box 365		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20044-0365
	FEC ID number of contributing federal political committee. <b>C</b> C00211318		Transaction ID: 01013.C1034
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Eli Lilly and Co. PAC		Date of Receipt
	Mailing Address 555 12th St NW Suite 650		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1209
	FEC ID number of contributing federal political committee. <b>C</b> C00082792		Transaction ID: 01013.C1035
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Emerson Electric Co.

Mailing Address 700 13th St NW  
Suite 700

City Washington State DC Zip Code 20005-6619

FEC ID number of contributing federal political committee. **C** C00080515

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** 01013.C1037  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Home Depot PAC

Mailing Address 101 Constitution Ave NW Ste 800W  
Suite 800 W

City Washington State DC Zip Code 20001-2127

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 08 / 16 / 2010  
**Transaction ID:** 01013.C1030  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

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

Mailing Address 701 Market St

City Saint Louis State MO Zip Code 63101-1830

FEC ID number of contributing federal political committee. **C** C00110478

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** 01013.C1038  
 Amount of Each Receipt this Period: 1500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11500.00

**TOTAL** This Period (last page this line number only) ..... ► 24000.00

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

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

FOR LINE NUMBER: PAGE 8 / 11

(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"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Sam Geduldig

Mailing Address 1519 Pathfinder Ln

City State Zip Code  
Mc Lean VA 22101-3509

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

Name of Employer Occupation  
Clark, Lytle, & Geduldig Senior Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Transaction ID: 01013.C1032

Amount of Each Receipt this Period

450.00
--------

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Meyer

Mailing Address 3639 E Kensington Dr

City State Zip Code  
Springfield MO 65802-2470

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

Name of Employer Occupation  
Meyer Communications Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

Transaction ID: 01013.C1031

Amount of Each Receipt this Period

5000.00
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Receipt

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

5450.00
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**TOTAL** This Period (last page this line number only) .....

5450.00
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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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address PO Box 77042</p> <p>City Madison State WI Zip Code 53707-1042</p> <p>Purpose of Disbursement See Below-No Itemization Necessary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01013.E1871</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 47.69</p> <p>SEE BELOW-NO ITEMIZATION NECESSARY</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address PO Box 77042</p> <p>City Madison State WI Zip Code 53707-1042</p> <p>Purpose of Disbursement See Below-No Itemization Necessary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01013.E1873</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 25.58</p> <p>SEE BELOW-NO ITEMIZATION NECESSARY</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Thompson Communications</p> <p>Mailing Address P.O. Box 5</p> <p>City Marshfield State MO Zip Code 65706-0005</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01013.E1868</p> <p>Date of Disbursement 08 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 5305.82</p> <p>SEE BELOW</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>5379.09</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 11

<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) Keri Ann Hayes	Transaction ID: 01013.E1869 Date of Disbursement 08 / 11 / 2010
	Mailing Address 202 11th St NE	Amount of Each Disbursement this Period 5005.49
	City Washington State DC Zip Code 20002-6218	
	Purpose of Disbursement PAC Salary & Benefits 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) ▼
		<b>[MEMO ITEM]</b> MEMO: PAC SALARY & BENEFITS

B.	Full Name (Last, First, Middle Initial) Thompson Communications	Transaction ID: 01013.E1870 Date of Disbursement 08 / 11 / 2010
	Mailing Address P.O. Box 5	Amount of Each Disbursement this Period 300.33
	City Marshfield State MO Zip Code 65706-0005	
	Purpose of Disbursement PAC Administration 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) ▼
		<b>[MEMO ITEM]</b> MEMO: PAC ADMINISTRATION FEES

C.	Full Name (Last, First, Middle Initial) Professional Data Services, Inc.	Transaction ID: 01013.E1866 Date of Disbursement 07 / 15 / 2010
	Mailing Address 264 N Lumpkin St # 202	Amount of Each Disbursement this Period 1502.20
	City Athens State GA Zip Code 30601-2742	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	1502.20
<b>TOTAL</b> This Period (last page this line number only) .....	6881.29

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirk for Senate  Mailing Address PO Box 8  City Winnetka State IL Zip Code 60093-0008  Purpose of Disbursement <input type="text"/>  Candidate Name MARK STEVEN KIRK  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01013.E1876 Date of Disbursement <input type="text"/> 09 / <input type="text"/> 24 / <input type="text"/> 2010  Amount of Each Disbursement this Period <input type="text"/> 5000.00  Category/Type <input type="text"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) Billy Long for Congress  Mailing Address 1675 E Seminole St Ste F  City Springfield State MO Zip Code 65804-2454  Purpose of Disbursement <input type="text"/>  Candidate Name BILLY LONG  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01013.E1875 Date of Disbursement <input type="text"/> 09 / <input type="text"/> 24 / <input type="text"/> 2010  Amount of Each Disbursement this Period <input type="text"/> 5000.00  Category/Type <input type="text"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) Missouri Republican State Comm-Fed  Mailing Address 204 E Dunklin St  City Jefferson City State MO Zip Code 65101-3127  Purpose of Disbursement <input type="text"/>  Candidate Name MISSOURI REPUBLICAN STATE COMMITTEE-FEDERAL  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01013.E1877 Date of Disbursement <input type="text"/> 09 / <input type="text"/> 24 / <input type="text"/> 2010  Amount of Each Disbursement this Period <input type="text"/> 5000.00  Category/Type <input type="text"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text"/> 15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/> 15000.00