

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 54 / 88
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 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. Ann Womer Benjamin for Congress

Mailing Address
P.O. Box 122

City State Zip Code
Aurora OH 44202-

Date of Receipt
N M / D E / Y Y Y Y
11 / 12 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
32.52

Name of Employer Cont reported Sept monthly	Occupation Refund excess contribution	Refund of Contribution Made
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

32.52

Transaction ID: 111220023C1351

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	32.52
TOTAL This Period (last page this line number only)	▶	32.52