

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 OR AMENDED (N) (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: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 01 2014 through 05 31 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 10 16 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 grid with FEC FORM 3X Rev. 12/2004

**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"/>		297097.82
(b) Cash on Hand at Beginning of Reporting Period.....	262638.30	
(c) Total Receipts (from Line 19) .....	60500.00	264838.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	323138.30	561936.09
7. Total Disbursements (from Line 31).....	55138.05	293935.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	268000.25	268000.25
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: 05 / 01 / 2014 To: 05 / 31 / 2014

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).....	13500.00	32500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13500.00	32500.00
(b) Political Party Committees .....	0.00	338.27
(c) Other Political Committees (such as PACs).....	47000.00	232000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	60500.00	264838.27
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.....	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 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))..... ▶	60500.00	264838.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60500.00	264838.27

**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 .....	16138.05	160935.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	16138.05	160935.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	133000.00
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)) ..	55138.05	293935.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55138.05	293935.84

**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) .....	60500.00	264838.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60500.00	264838.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	16138.05	160935.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16138.05	160935.84

**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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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) <b>A. Douglas Peterson</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 <b>Transaction ID : C1789</b>
Mailing Address 1200 G St NW Ste 900		Amount of Each Receipt this Period 2500.00
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer McGraw Hill Financial	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Jeanne Sinquefield</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 <b>Transaction ID : 40620.C1811</b>
Mailing Address 244 Bent Walnut Ln		Amount of Each Receipt this Period 5000.00
City Westphalia	State MO	Zip Code 65085-2022
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer None	Occupation Philanthropist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Rex Sinquefield</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 <b>Transaction ID : 40620.C1810</b>
Mailing Address 244 Bent Walnut Ln		Amount of Each Receipt this Period 5000.00
City Westphalia	State MO	Zip Code 65085-2022
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Show Me Institute	Occupation Founder	
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).....▶	12500.00
<b>TOTAL</b> 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 19  
(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. Wiley Rein LLP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1776 K St NW  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**05 / 13 / 2014**  
**Transaction ID : C1790**  
Amount of Each Receipt this Period  
**1000.00**  
Receipt  
Note: No Itemization Necessary

**B.**  
Full Name (Last, First, Middle Initial)  
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  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>13500.00</b>

**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 19
<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. Action Comm for Rural Electrification**

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2014  
**Transaction ID : C1787**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. American Assoc of Nurse Anesthetists PAC**

Mailing Address 222 S Prospect Ave

City State Zip Code  
Park Ridge IL 60068-4037

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2014  
**Transaction ID : 40620.C1813**

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 State Zip Code  
Washington DC 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 ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2014  
**Transaction ID : 40620.C1814**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> 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 19
<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. Automotive Free International Trade PAC**

Mailing Address 1625 Prince St Ste 225

City Alexandria State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 28 / 2014  
**Transaction ID : 40606.C1792**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Bank of America Corporation PAC**

Mailing Address 730 15th St NW

City Washington State DC Zip Code 20005-1001

FEC ID number of contributing federal political committee. **C** C00043489

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
05 / 07 / 2014  
**Transaction ID : C1785**

Amount of Each Receipt this Period  
2500.00

Receipt

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

Mailing Address PO Box 2198

City Los Banos State CA Zip Code 93635-2198

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
05 / 28 / 2014  
**Transaction ID : 40620.C1808**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> 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 10 OF 19
<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. Independent Community Bankers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Thomas Cir NW Ste 400

City Washington	State DC	Zip Code 20005-5802
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00032698

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
05	/	28	/	2014

**Transaction ID : 40620.C1815**

Amount of Each Receipt this Period  
5000.00

Receipt

**B. PNC Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 249 5th Ave

City Pittsburgh	State PA	Zip Code 15222
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00035519

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

**Transaction ID : C1788**

Amount of Each Receipt this Period  
2000.00

Receipt

**C. Raytheon PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Wilson Blvd Ste 1500

City Arlington	State VA	Zip Code 22209-3900
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2014

**Transaction ID : 40620.C1809**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<b>TOTAL</b> 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 19
<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. Realtors PAC**

Mailing Address 500 New Jersey Ave NW

City Washington State DC Zip Code 20001-2005

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 /  /   
**Transaction ID : C1791**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. The Coca-Cola Nonpartisan Committee**

Mailing Address PO Box 1734

City Atlanta State GA Zip Code 30301

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 /  /   
**Transaction ID : C1786**

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 4288 West Dublin Granville Road

City Dublin State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00369090

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 /  /   
**Transaction ID : 40620.C1812**

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	47000.00

**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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

**Transaction ID : E2868**

Amount of Each Disbursement this Period

1515.56

PAC COMPLIANCE CONSULTING

**B. Restaurant Associates**

Mailing Address PO Box 91337

City Chicago State IL Zip Code 60693-1337

Purpose of Disbursement  
PAC Meeting Expense

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2014

**Transaction ID : E2877**

Amount of Each Disbursement this Period

150.00

PAC MEETING EXPENSE

**C. 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) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : E2879**

Amount of Each Disbursement this Period

12897.89

SEE BELOW

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

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

14563.45

**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

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. 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  
05 / 16 / 2014

**Transaction ID : E2880**

Amount of Each Disbursement this Period

12167.82

**[MEMO ITEM]**

MEMO: PAC SALARY & BENEFITS

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  
05 / 16 / 2014

**Transaction ID : E2881**

Amount of Each Disbursement this Period

730.07

**[MEMO ITEM]**

MEMO: PAC PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 19769

City Irvine State CA Zip Code 92623-9769

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

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : E2897**

Amount of Each Disbursement this Period

163.41

PAC TELEPHONE

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

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

163.41

# 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. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : E2870

Amount of Each Disbursement this Period

1432.33

SEE BELOW

Full Name (Last, First, Middle Initial)

### B. UPS

Mailing Address PO Box 72470244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement  
PAC Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : E2871

Amount of Each Disbursement this Period

38.01

[MEMO ITEM]  
MEMO: PAC SHIPPING

Full Name (Last, First, Middle Initial)

### C. AT&T

Mailing Address PO Box 6463

City State Zip Code  
Carol Stream IL 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

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : E2872

Amount of Each Disbursement this Period

174.44

[MEMO ITEM]  
MEMO: PAC TELEPHONE

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

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

1432.33

**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. United Airlines**

Mailing Address 1200 E Algonquin Rd

City State Zip Code  
Arlington Heights IL 60005-4712

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

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : E2873**

Amount of Each Disbursement this Period

406.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

**B. Adelman Travel Group**

Mailing Address 3424 S National Ave

City State Zip Code  
Springfield MO 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

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : E2874**

Amount of Each Disbursement this Period

27.00

**[MEMO ITEM]**

MEMO: PAC TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address PO Box 619616

City State Zip Code  
Dallas TX 75261-9616

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

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : E2875**

Amount of Each Disbursement this Period

678.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE

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

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

0.00

# 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. Dan Williams**

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC Rent & Phones

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2014

Transaction ID : E2882

Amount of Each Disbursement this Period

478.86

PAC RENT & PHONES

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

478.86

16638.05



**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 Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402-2133

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JACK KINGSTON**

Office Sought:  House  Senate  President  
State: GA District: 00  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : E2886**

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. Friends of Jack Kingston**

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402-2133

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JACK KINGSTON**

Office Sought:  House  Senate  President  
State: GA District: 00  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Runoff

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : E2885**

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Mississippi Conservatives**

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225-2096

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2014

**Transaction ID : E2898**

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. Ben Sasse for US Senate**

Mailing Address 105 E 6th St

City State Zip Code  
Fremont NE 68025-5029

Purpose of Disbursement  
CONTRIBUTION (DEBT RETIREMENT)

Candidate Name  
**BENJAMIN SASSE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NE District: 00

Date of Disbursement

/  /

**Transaction ID : E2883**

Amount of Each Disbursement this Period

CONTRIBUTION (DEBT RETIREMENT)

Full Name (Last, First, Middle Initial)

**B. Ben Sasse for US Senate**

Mailing Address 105 E 6th St

City State Zip Code  
Fremont NE 68025-5029

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**BENJAMIN SASSE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NE District: 00

Date of Disbursement

/  /

**Transaction ID : E2884**

Amount of Each Disbursement this Period

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. Sullivan for US Senate**

Mailing Address 3705 Arctic Blvd Ste 447

City State Zip Code  
Anchorage AK 99503-5774

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DAN SULLIVAN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AK District: 00

Date of Disbursement

/  /

**Transaction ID : E2887**

Amount of Each Disbursement this Period

CONTRIBUTION

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

**TOTAL** 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 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. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624-7396

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**THOM TILLIS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NC District: 00

Date of Disbursement

/  /   
05 / 29 / 2014

**Transaction ID : E2864**

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. Dr Monica Wehby for US Senate**

Mailing Address PO Box 3375

City Portland State OR Zip Code 97208-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MONICA WEHBY**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: OR District: 00

Date of Disbursement

/  /   
05 / 13 / 2014

**Transaction ID : E2876**

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

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

/  /

Amount of Each Disbursement this Period

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

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

10000.00

39000.00