

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -7 P 4:44

For Other Than An Authorized Committee
(Summary Page)

OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Reply on Your Beliefs Fund

ADDRESS (number and street) Check if different than previously reported
1736 E SUNSHINE SUITE 913

CITY, STATE and ZIP CODE
SPRINGFIELD MO 65804

2. FEC IDENTIFICATION NUMBER
C00344648

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7-1-99</u> through <u>12-31-99</u>		\$ -0-
6. (a) Cash on Hand January 1, 19 <u>99</u>	\$ 5598.24	
(b) Cash on Hand at Beginning of Reporting Period	\$ 104,556.03	\$ 146,583.47
(c) Total Receipts (from Line 19)	\$ 110,156.27	\$ 146,583.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 85,036.18	\$ 121,463.38
7. Total Disbursements (from Line 30)	\$ 25,120.09	\$ 25,120.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ -	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer

Deputy Treasurer

Date

1-31-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4573.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>Reynolds Love Beliefs Fund</i>	REPORT COVERING PERIOD	
	FROM <i>7-1-99</i>	TO: <i>12-31-99</i>
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	<i>18,600.00</i>	<i>27,100.00</i>
ii. Unitemized	<i>5,125.00</i>	<i>5,125.00</i>
iii. Total (add i and ii) >		
b. Political Party Committees	<i>78,750.00</i>	<i>112,250.00</i>
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	<i>102,475.00</i>	<i>144,475.00</i>
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	<i>2,000.00</i>	<i>2,000.00</i>
17. Other Federal Receipts (Dividends, Interest, etc.)	<i>83.03</i>	<i>108.47</i>
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>104,558.03</i>	<i>146,583.47</i>
20. Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	<i>49,286.18</i>	<i>55,213.38</i>
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, ii, and b) >		
22. Transfers to Affiliated/Other Party Committees	<i>30,250.00</i>	<i>58,750.00</i>
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	<i>5,500.00</i>	<i>7,500.00</i>
29. Other Disbursements	<i>85,036.18</i>	<i>121,463.38</i>
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>85,036.18</i>	<i>121,463.38</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	<i>102,475.00</i>	<i>144,475.00</i>
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>102,475.00</i>	<i>144,475.00</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>49,286.18</i>	<i>55,213.38</i>
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	<i>49,286.18</i>	<i>55,213.38</i>

SCHEDULE A

ITEMIZED RECEIPTS

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM D. HARRIS 3314 S MANTUA DR FAIRFAX VA 22031	Oldakurt Harris, LLP	8-2-99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD F. HOHLT 7901 KENT ROAD ALEXANDRIA VA	Hohlts Assoc.	8-3-99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN M. GREEN 1212 NEW YORK AVE, STE 350 WASHINGTON DC 20005	Hall, Green & Assoc	8-25-99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID A. BOCKOENY 1101 16TH STREET, STE 500 WASHINGTON DC 20036	BERGER, BOCKOENY INC.	9-30-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	Aggregate Year-to-Date > \$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAUDICE SHY HOOPER 3733 N TAZEWELL ST. ARLINGTON VA 22207	HOOPER OWEN, GOWEN & WINGEN	9-9-99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRINCIPAL	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES E BOLAND 1155 CONNECTICUT AVE. N.W. STE 300 WASHINGTON DC 20036	BOLAND & MADIGAN	9-9-99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B Emma Jean Bos 7006 NW Eastside Drive Weatherby Lake MO 64152-175	SELF	11-30-99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DAIRY	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) **5,200.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Help On Your Beliefs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Ann & John Gibbons 6400 Shadow Road Chew Chase MD 20815</i>	<i>SELF</i>	<i>12-21-99</i>	<i>1,000⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DAIRY</i>	Aggregate Year-to-Date <i>> \$ 7,000.00</i>	
<i>Francis D. Gregerson 5554 Wild County Rd. 24 Lorantont, CO 80504</i>	<i>SELF</i>	<i>12-7-99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DAIRY</i>	Aggregate Year-to-Date <i>> \$ 200.00</i>	
<i>C. Van Der Eyk 17400-17650 Hellman Ave. Corona, CA 91720</i>	<i>SELF</i>	<i>11-27-99</i>	<i>1,000⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DAIRY</i>	Aggregate Year-to-Date <i>> \$ 1,000.00</i>	
<i>David & Charie Glenn 4418 Seneca Rd. Great Falls, VA 22066</i>	<i>SELF</i>	<i>12-20-99</i>	<i>1,000⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DAIRY</i>	Aggregate Year-to-Date <i>> \$ 1,000⁰⁰</i>	
<i>David & Charie Glenn 448 Seneca Rd. Great Falls, VA 22066</i>	<i>SELF</i>	<i>12-20-99</i>	<i>1,000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DAIRY</i>	Aggregate Year-to-Date <i>> \$ 2,000⁰⁰</i>	
<i>Mike Faulkner 300 E. 16th St. No. 301 Greeley CO 80631</i>	<i>SELF</i>	<i>11-31-99</i>	<i>1,000⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DAIRY</i>	Aggregate Year-to-Date <i>> \$ 1,000.00</i>	
<i>Gary & Shirley Hanman 14512 NW 73rd Parkville MO 64152</i>	<i>SELF</i>	<i>12-1-99</i>	<i>1,000⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>DAIRY</i>	Aggregate Year-to-Date <i>> \$ 1,000.00</i>	

SUBTOTAL of Receipts This Page (optional) *6,200⁰⁰*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Rely On Your Beliefs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Paul & Delphine Fossell 17488 Fossell Rd. Hwy 1054 Kentwood LA 70444</i>	<i>SELF</i>	<i>12.1.99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i>	Aggregate Year-to-Date > \$	
<i>Juice & Leroy Cupp R.D. 2 Box 153 Sparks Valley, PA 17360-963</i>	<i>SELF</i>	<i>12.1.99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i>	Aggregate Year-to-Date > \$ <i>200.00</i>	
<i>James Fish Lockshore Farms Hickory Corners MI 49060</i>	<i>SELF</i>	<i>12.1.99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i>	Aggregate Year-to-Date > \$ <i>200⁰⁰</i>	
<i>Randy & Jan Mooney 7725 East Farm Rd 194 Ropersville MO 65742</i>	<i>SELF</i>	<i>12.2.99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i>	Aggregate Year-to-Date > \$ <i>200⁰⁰</i>	
<i>Andrew & Mary Alice Carantino 1901 State Hwy 10 Watsenburg MI 49894</i>	<i>SELF</i>	<i>12.7.99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i>	Aggregate Year-to-Date > \$ <i>200.00</i>	
<i>James S. Cook P.O. Box 124 Hwy 83 N Evergreen AL 36401</i>	<i>SELF</i>	<i>12.1.99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i>	Aggregate Year-to-Date > \$ <i>200.00</i>	
<i>S.J. Phipps 1156 Old Mill Road Mouth of Wilson VA 24363</i>	<i>Self</i>		<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i>	Aggregate Year-to-Date > \$ <i>200.00</i>	

400⁰⁰

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Rely On Your Beliefs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>GARY J. ANDRES 610 LANGSTON LANE FALLS CHURCH VA 22046</i>	<i>THE DUCK GROUP</i>	<i>10-18-99</i>	<i>1,000⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>PARTNER & UP</i> Aggregate Year-to-Date: <i>> \$ 1,000.00</i>		
<i>Nancy P. Jern 4800 Old Dominion Dr. Arlington VA 22207</i>	<i>HOOPER, OWEN GROUP + WINGEN</i>	<i>11-1-99</i>	<i>500⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>PRINCIPAL</i> Aggregate Year-to-Date: <i>> \$ 500.00</i>		
<i>Mac Tate 3204 Old Niles Ferry Maryville TN 37803</i>	<i>SELF</i>	<i>12-1-99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i> Aggregate Year-to-Date: <i>> \$</i>		
<i>Ray Veldhuis 6335 West Oakdale Rd. Winston, CA 95388</i>	<i>SELF</i>	<i>12-1-99</i>	<i>500⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i> Aggregate Year-to-Date: <i>> \$ 500.00</i>		
<i>Harry & Helen PapaGeorge 1616 West Farr DR. Ogden UT 84404</i>	<i>SELF</i>	<i>12-3-99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i> Aggregate Year-to-Date: <i>> \$ 200.00</i>		
<i>Jerry & Jeanette King Rt. 41 Butler MO 64730</i>	<i>SELF</i>	<i>12-1-99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i> Aggregate Year-to-Date: <i>> \$ 200.00</i>		
<i>Larry & Alice Purdum Rt. 2 Box 345 Furdy MO 65734</i>	<i>SELF</i>	<i>12-1-99</i>	<i>200⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>DAIRY</i> Aggregate Year-to-Date: <i>> \$ 200.00</i>		

SUBTOTAL of Receipts This Page (optional) *2,800⁰⁰*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Rely On Your Beliefs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Triple A Farms / William & Ryan 11485 Adams Rd Bentonville AR 72712 Anglin	SELF Occupation DAIRY	12.1.99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann & John Gibbons 1400 Shadow Road Cherry Chase MD 20815	SELF Occupation DAIRY	12.21.99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Heatwole 280 Greenwood Rd. Greenwood DE 1950	Self Occupation Dairy	12.6.99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry & Linda Pitcher 12034 N 4800 West Trenton UT 84338	SELF Occupation DAIRY	12.1.99	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg & Karen Marrs 9100 Weld County Rd B Fort Lupton CO 80601	Self Occupation Dairy	12.1.99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL MEYER 2506 DOB WEG PLACE ALEXANDRIA VA 22302	THE DUBERSTEIN GROUP Occupation VICE PRESIDENT	12.21.99	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	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 > \$		

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

18600.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
RELY ON YOUR BELIEFS FUND

A. Full Name, Mailing Address and ZIP Code PETROLEUM MARKETERS ASSOC. OF PAC AMERICA 1901 N FORT MYERS DR, STE 1200 ARLINGTON VA 22209	Name of Employer PAC	Date (month, day, year) 8-7-99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code NATIONAL ASSOCIATION OF REALTORS PAC 700 E LEVENTH ST. NW WASHINGTON DC 20001	Name of Employer	Date (month, day, year) 8-2-99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code NATIONAL ASSOC OF CONTEMPORARY STYLES PAC 1605 KING STREET ALEXANDRIA VA 22314	Name of Employer	Date (month, day, year) 9-30-99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code NATIONAL ASSOC. OF LIFE UNDERWRITERS PAC 1922 P ST NW WASHINGTON DC 20006	Name of Employer	Date (month, day, year) 8-10-99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code REAL ESTATE INVESTMENT TRUST PAC 1875 I STREET NW STE 600 WASHINGTON DC 20006	Name of Employer	Date (month, day, year) 8-6-99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code MBNA Corp. Federa PAC Wilmington DE 19801	Name of Employer	Date (month, day, year) 9-9-99	Amount of Each Receipt this Period 2,000.00
	Occupation	Aggregate Year-to-Date > \$ 4,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code PREG-WATERHOUSE-COOKERS-PAC 1900 K STREET NW WASHINGTON DC 20006	Name of Employer	Date (month, day, year) 9-9-99	Amount of Each Receipt this Period 1,000.00
	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **8,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11d

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC 1605 KING STREET ALEXANDRIA VA 22314		7-2-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORAN FOR CONGRESS PO BOX 280 LACROSSE KS 67548		7-22-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. TEAM PAC 100 WEST POWAN AVE GREENWICH CT 06830		7-7-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN SUGAR CANE LEAGUE PAC 600 PENNSYLVANIA AVE, STE 320 WASHINGTON DC 20003		9-9-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP MORRIS COMPANIES INC. - PAC 1341 G. STREET, NW ST 900 WASHINGTON DC 20005		9-30-99	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURSON, MAR STELLAR PAC 1901 K ST. NW STE 901L WASHINGTON DC 20006		8-2-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INDU PAC INTERNATIONAL ASSOC OF HOLIDAY INNS 3 PAVANA DRIVE STE 2000 ATLANTA GA 30346		7-23-99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

11,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CSR AMERICA INC PAC 945 E PALMER FERRY RD, STE 2110 ATLANTA GA 30326 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9-17-99	750.00
Aggregate Year-to-Date > \$ 750.00			
B. Full Name, Mailing Address and ZIP Code AMERICAN ASSOC. OF NURSE ANESTHESISTS CRNA-PAC 412 FIRST ST, SE, STE 12- WASHINGTON DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9-30-99	1,000.00
Aggregate Year-to-Date > \$ 1,000.00			
C. Full Name, Mailing Address and ZIP Code US TEAM PAC 100 W. PUTNAM AVE GREENWICH CT 06830 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		9-28-99	1,000.00
Aggregate Year-to-Date > \$ 2,000.00			
D. Full Name, Mailing Address and ZIP Code Bread Political Action Committee 1350 I Street, N.W., Suite 1290 Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		11-30-99	500.00
Aggregate Year-to-Date > \$ 500.00			
E. Full Name, Mailing Address and ZIP Code Anheuser-Busch PAC St. Louis MO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		11-8-99	1,500.00
Aggregate Year-to-Date > \$ 1,500.00			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) **4750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 8
FOR LINE NUMBER 11A

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Holland & Knight Committee For Effective Government 8100 PENNSYLVANIA AVE., N.W. Suite 400 Washington DC 20037		11.2.99	2,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICROSOFT CORPORATION PAC 1601 N.E. 36th Way Box 97017 REDMOND WA 98073-9717		12.22.99	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BellSouth FED-PAC		11.5.99	4,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Society of American Florists - PAC 1601 Duke St. Alexandria VA 22314		11.4.99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Team Ameritech PAC 1401 H Street N.W. / P.O. Box 27040 Washington DC 20038-7040		10.8.99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Furniture Political Action Committee Box 1003 High Point NC 27261		10.25.99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pricewaterhouse Coopers PAC 1900 K Street N.W. Washington DC 20004		10.26.99	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

12,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 8
FOR LINE NUMBER 11a

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code REAL ESTATE INVESTMENT TRUST PAC 1375 I STREET NW SUITE 600 WASHINGTON DC 2006-5413	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	4000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code UPS PAC 55 Glenlake Parkway N.E. Atlanta GA 30328	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	4,000.00
E. Full Name, Mailing Address and ZIP Code American Trucking PAC 430 First St., S.E. Washington DC 20003	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,000.00	2,000.00
F. Full Name, Mailing Address and ZIP Code Blue PAC 1340 G Street N.W. 12th Floor Washington DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	1,500.00
G. Full Name, Mailing Address and ZIP Code Microsoft Corporation PAC 11601 N.E. 36th Way Box 97017 Redmond, WA 98073-9717	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,300.00	1,500.00

SUBTOTAL of Receipts This Page (optional)

\$ 9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 018 OF 118 FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Rely On Your Beliefs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bell Atlantic PAC 1717 Arch Street 47-S Philadelphia PA 19103		8-12-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wellpoint Health Networks 21555 Oxford St. Woodland Hills CA 91367		9-15-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
United Egg Association 1303 Hawthorn Trail Suite 200 Atlanta GA 30350		9-10-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PIA PAC 400 N. Washington Street Alexandria VA 22314		9-13-99	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMERICAN TRUCKING PAC 430 First Street, SE WASHINGTON DC 20003		11-30-99	705.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMERICAN TRUCKING PAC 430 First Street SE WASHINGTON DC 20003		11-30-99	1294.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NATIONAL ASSOC OF CONVENIENCE STORES 1105 KING STREET ALEXANDRIA VA 22314		11-30-99	3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	

SUBTOTAL of Receipts This Page (optional)

13,500.00

TOTAL This Period (last page this form number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Rely on Your Beliefs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Coastal Employee Action Fund Nine Greenway Plaza Houston TX 77046		10-28-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
USteam PAC 100 West Putnam Ave Greenwich CT 06830		10-26-99	2,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Enron Corp PAC 1400 Smith, Suite EB 4525 Houston TX 77002		10-22-99	2,500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CHI CASO MERCHANTILE GUARANTEE PAC 30 SWACKER DRIVE CHICAGO IL 60606		12-14-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Soft Drink PAC 1101 - 16th St., N.W. Washington DC 20036		10-26-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Roofing Contractors Association 10255 W. Higgins Rd. No. 600 Rosemont IL 60018-5007		10-26-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	

8,500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (see this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 8
FOR LINE NUMBER 111

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NAME OF COMMITTEE (in Full)

Rely on Your Beliefs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Food Distributors 201 Park Washington Court Falls Church VA 22046		10-26-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
United States Telephone Association 1401 H Street, N.W. Suite 600 Washington DC 20005-2136		10-25-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
The Coca-Cola Company P.O. Drawer 1134 Atlanta GA 30301		10-20-99	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 500 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Praxair Inc. PAC P.O. Box 2958 Danbury CT 06813-2958		10-14-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 7,000 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Television & Radio PAC 1771 N St. N.W. Washington DC 20036		10-6-99	1,000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,000 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Salem Communications Corporation 4980 Santa Rosa Rd., Suite 300 Camarillo CA 93012	PAC	10-17-99	1,500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,500 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Chiropractic Association 1701 Clarendon Blvd. PAC Arlington VA 22209		10-20-99	1,500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,500 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

7,500⁰⁰

TOTAL This Period (last page this line number only)

78,750⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 10

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NAME OF COMMITTEE (In Full)

PEELLY ON LOVE BELIEFS FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DICKY FOR CONGRESS PO BOX 8766 PINE BLUFF AR 71611		7-12-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code DICKY FOR CONGRESS PO BOX 8766 PINE BLUFF AR 71611		8-12-99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2,000.00

2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 216

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELLIOTT, ROBINSON & CO. LLP 1736 E SUNDRIE, STE 913 SPRINGFIELD MO 65804	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	7-16-99	51.75
ALEXANDER STRATEGY GROUP 513 CAPITAL COURT NE, STE 100 WASHINGTON DC 20002	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	7-16	5,000.00
C. Full Name, Mailing Address and ZIP Code GREGG HARTLEY	REIMBURSEMENTS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	8-12-99	1271.50
D. Full Name, Mailing Address and ZIP Code ROY BLUM 813 MADISON STAFFORD MO 65757	REIMBURSEMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-12-99	735.34
E. Full Name, Mailing Address and ZIP Code BT AVIATION E CHESTNUT EXPRESSWAY SPRINGFIELD MO 65802	AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	8-11-99	622.00
F. Full Name, Mailing Address and ZIP Code SPLENDID FARE CATERING	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	8-12-99	1268.55
G. Full Name, Mailing Address and ZIP Code GREAT SOUTHERN TRAVEL 1451 E BATHFIELD SPRINGFIELD MO 65804	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	8-12-99	431.40
H. Full Name, Mailing Address and ZIP Code JIM ELLIS 1320 ST G WASHINGTON DC 20003	EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	8-12-99	60.00
I. Full Name, Mailing Address and ZIP Code ALEXANDER STRATEGY GROUP 513 CAPITAL COURT NE STE 100 WASHINGTON DC 20002	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ONGOING	8-12-99	5,000.00

SUBTOTAL of Disbursements This Page (optional)

14,440.54

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 210

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NAME OF COMMITTEE (in Full)

RELY ON YOUR BELIEFS FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JARED CRAIG HEAD 323 5TH ST APT A WASHINGTON DC 20003	TRAVEL + MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ON GOING	8-3-99	1056.29
DAIRY FARMERS OF AMERICA 3253 E CHESTNUT EXPWY SPRINGFIELD MO 65802	AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ON GOING	8-24-99	554.00
ALEXANDER STRATEGY GROUP 513 CAPITAL COURT NE, STE 100 WASHINGTON DC 20002	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ON GOING	7-8-99	5,000.00
P			
ROY BLUNT 813 MADISON STRAFFORD MO 65757	REIMBURSEMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-8-99	175.29
GREAT SOUTHERN TRAVEL 101 E BATTLEFIELD SPRINGFIELD MO 65804	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ON GOING	9-11-99	281.80
STATEBANK DELUXE CREEK 3310 E SUNSHINE SPRINGFIELD MO 65808	CHECKS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ON GOING	7-6-99	19.20
DAIRY FARMERS OF AMERICA 3253 E CHESTNUT EXPWY SPRINGFIELD MO 65802	AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ON GOING	9-30-99	412.75

SUBTOTAL of Disbursements This Page (optional)

71499.33

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 2110

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NAME OF COMMITTEE (in Full)

RELY ON YOUR BELIEFS FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Augustine Golf Club	FUND RAISING Golf outing - meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-18-99	572.36
Augustine Golf Club	FUND RAISING golf outing - Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-18-99	3,135.43
Winfrey & Co. 811 CHETWORTH ARLINGTON VA 22314	broadcast fax - 1/2 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-18-99	203.28
Winfrey & Co 811 Chetworth Arlington VA 22314	broadcast fax - 2/2 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/3/99	203.28
Jim Ellis 6430 22ND STREET N. ARLINGTON VA 22205	MAILINGS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-99	- 82.35
JARED CRAIGHEAD 323 5TH ST. APT A WASHINGTON DC 20003	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-27-99	15.60
ALEXANDER STRATEGY GROUP PO BOX 5711 ARLINGTON VA 22205	2 MONTHS CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-31-99	10,000.00
ALEXANDER STRATEGY GROUP PO BOX 5711 ARLINGTON VA 22205	1-MONTH CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-99	5,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

19,212.30

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEF FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN TRUCKING INC	MEALS + ENTERTAINMENT IN-KIND	11-30-99	1294.83
Roy Blunt 813 Madison Stratford MO 65757	Purpose of Disbursement	11-1-99	186.74
Alexander Strategy Group 513 Capital Court NE Suite 100 Washington DC 20002	Purpose of Disbursement	11-10-99	5,000.00
Roy Blunt 813 Madison Stratford MO 65757	Purpose of Disbursement	11-30-99	176.02
Friends of Roy Blunt 1736 E. SUNSHINE, SUITE 800 SPRINGFIELD MO 65804	Purpose of Disbursement	11-30-99	623.04
Jim Ellis 64130 62nd Street N. Arlington VA 22205	Purpose of Disbursement	12-3-99	101.00
Jared Craighhead 323 5th St. Apt. A Washington DC 20003	Purpose of Disbursement	12-3-99	17.90
Capitol Hill Club 300 First Street SE WASHINGTON DC 20003	Purpose of Disbursement	12-22-99	729.12
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

8134.01

TOTAL This Period (last page this line number only)

49286.18

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

RELY ON YOUR BELIEF FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heather Wilson for Congress P.O. Box 14070 Albuquerque NM 87191	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.3.99	1,000.00
B. Full Name, Mailing Address and ZIP Code Steve Roy Kendall Congressional Committee 2131 Hawthorne Blvd. Suite 107 Torrance CA 90503	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.3.99	1,000.00
C. Full Name, Mailing Address and ZIP Code Paul Ryan for Congress P.O. Box 1919 Janesville WI 53547	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.3.99	1,000.00
D. Full Name, Mailing Address and ZIP Code Adam Putnam for Congress P.O. Box 2426 Bartow FL 33831	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.22.99	1,000.00
E. Full Name, Mailing Address and ZIP Code Mark Nielson P.O. Box 421 Danbury CT 06813	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.22.99	1,000.00
F. Full Name, Mailing Address and ZIP Code Bob Franks for Senate (NJ) 219 South St. Suite 203 New Providence, NJ 07974	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.22.99	1,000.00
G. Full Name, Mailing Address and ZIP Code Mark Green for Congress P.O. Box 12571 Green Bay WI 54307	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.3.99	1,000.00
H. Full Name, Mailing Address and ZIP Code TANCROD FOR CONGRESS PO BOX 3756 LITTLETON CO 80161	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		2,000.00
I. Full Name, Mailing Address and ZIP Code EWING FOR CONGRESS ..	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		250.00

SUBTOTAL of Disbursements This Page (optional)

9250.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

HELP ON YOUR BELIEF FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pirozza for Congress PO Box 2303 RANCHO CUCAMONGA CA 91729	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-20-99	1,000 ⁰⁰
B. Full Name, Mailing Address and ZIP Code BAKER FOR CONGRESS PO Box 1694 BATON ROUGE LA 70821	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-99	1,000 ⁰⁰
C. Full Name, Mailing Address and ZIP Code FRIENDS OF NETHERCOTT PO Box 1925 SPOKANE WA 99210	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-99	2,000 ⁰⁰
D. Full Name, Mailing Address and ZIP Code Sheen for Congress PO Box 2446 ROSWELL NM 88202	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-99	1,000 ⁰⁰
E. Full Name, Mailing Address and ZIP Code PEOPLE WITH HART PO Box 435 WEXFORD PA 15090	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-99	4,000 ⁰⁰
F. Full Name, Mailing Address and ZIP Code Shelley Mowe Capito For Congress PO Box 11519 CHARLESTON WV 25339	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-99	5,000 ⁰⁰
G. Full Name, Mailing Address and ZIP Code Rogers for Congress PO Box 581 BRIGHTON MI 48116	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-10-99	4,000 ⁰⁰
H. Full Name, Mailing Address and ZIP Code Mike Pappas for Congress 3582a Route 22 West Somerville, NJ 08876	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-3-99	1,000 ⁰⁰
I. Full Name, Mailing Address and ZIP Code Merrill Cook for Congress 631 16th Avenue Salt Lake City UT 84119	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-3-99	1,000 ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

20,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

RELY ON YOUR BELIEFS FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PIROZZA FOR CONGRESS PO Box 2303 RANCHO CUCAMONGA CA 91729	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-14-99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

30,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

RELY ON YOUR BELIEFS FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MISSOURIANS FOR MATT BLUNT PO BOX 1426 SPRINGFIELD MO 65808	MUSCIE OF STATE CANDIDATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.30.99	4,000.00
B. Full Name, Mailing Address and ZIP Code RELY ON YOUR BELIEFS NON FEDERAL ACCOUNT FROM PHILIPS ELECTRONICS AND	Purpose of Disbursement TRANSFER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.10.99	1500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

5,500.00

