

**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="2012"/>		200806.26
(b) Cash on Hand at Beginning of Reporting Period.....	154609.94	
(c) Total Receipts (from Line 19)	19000.00	114750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	173609.94	315556.26
7. Total Disbursements (from Line 31).....	25775.80	167722.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	147834.14	147834.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Rely on Your Beliefs Fund

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16000.00	21250.00
(ii) Unitemized	500.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16500.00	21750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	93000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19000.00	114750.00
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))..... ▶	19000.00	114750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19000.00	114750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	20775.80	117722.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20775.80	117722.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	50000.00
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)) ..	25775.80	167722.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25775.80	167722.12

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)	19000.00	114750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19000.00	114750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20775.80	117722.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20775.80	117722.12

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Diane Bodman

Mailing Address 11087 Old Harbour Rd

City State Zip Code
 North Palm Beach FL 33408-3422

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

Name of Employer Occupation
 None Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 20417.C1285

Amount of Each Receipt this Period
 4000.00

Receipt

Full Name (Last, First, Middle Initial)
B. James Broadhead

Mailing Address 1245 Lake House Dr

City State Zip Code
 North Palm Beach FL 33408

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

Name of Employer Occupation
 None Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 20417.C1291

Amount of Each Receipt this Period
 1500.00

Receipt

Full Name (Last, First, Middle Initial)
C. Paul Evanson

Mailing Address 11696 Lost Tree Way

City State Zip Code
 North Palm Beach FL 33408-2911

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

Name of Employer Occupation
 Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 20417.C1290

Amount of Each Receipt this Period
 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Jose Fanjul		Date of Receipt MM / DD / YYYY 04 / 24 / 2012 Transaction ID : 20507.C1303
Mailing Address 220 El Dorado Ln		Amount of Each Receipt this Period 1000.00
City Palm Beach	State FL	Zip Code 33480-3302
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Florida Crystals	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Cyrus Freidheim		Date of Receipt MM / DD / YYYY 04 / 06 / 2012 Transaction ID : 20417.C1289
Mailing Address 11105 Old Harbour Rd		Amount of Each Receipt this Period 2000.00
City North Palm Beach	State FL	Zip Code 33408-3421
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Ira Harris		Date of Receipt MM / DD / YYYY 04 / 06 / 2012 Transaction ID : 20417.C1295
Mailing Address 220 Sunrise Ave Ste 210		Amount of Each Receipt this Period 1000.00
City Palm Beach	State FL	Zip Code 33480-3803
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Self Employed	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Alfred Hoffman

Mailing Address 12530 Seminole Beach Rd

City North Palm Beach State FL Zip Code 33408-2534

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 06 / 2012
Transaction ID : 20417.C1284

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
B. Gregory Horrigan

Mailing Address 11165 Old Harbour Rd

City North Palm Beach State FL Zip Code 33408-3421

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

Name of Employer Occupation
Silgan Holdings Co-Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 06 / 2012
Transaction ID : 20417.C1288

Amount of Each Receipt this Period
1000.00

Receipt

Full Name (Last, First, Middle Initial)
C. Joseph Melone

Mailing Address 1020 Lake House Dr

City North Palm Beach State FL Zip Code 33408-3314

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

Name of Employer Occupation
None Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 06 / 2012
Transaction ID : 20417.C1293

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Joanne Pearson
Full Name (Last, First, Middle Initial)
Mailing Address 11066 Turtle Beach Rd
City North Palm Beach State FL Zip Code 33408-3415
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2012
Transaction ID : 20507.C1302
Amount of Each Receipt this Period 500.00
Receipt

B. Priscilla Richman
Full Name (Last, First, Middle Initial)
Mailing Address 1083 Palm Way Rd
City North Palm Beach State FL Zip Code 33408-2928
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2012
Transaction ID : 20417.C1287
Amount of Each Receipt this Period 1000.00
Receipt

C. Joan Stott
Full Name (Last, First, Middle Initial)
Mailing Address 11301 Turtle Beach Rd
City North Palm Beach State FL Zip Code 33408-3340
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2012
Transaction ID : 20507.C1304
Amount of Each Receipt this Period 250.00
Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Sarah Trulaske

Mailing Address 11450 Turtle Beach Rd

City North Palm Beach State FL Zip Code 33408-3343

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 20417.C1292

Amount of Each Receipt this Period
250.00

Receipt

Full Name (Last, First, Middle Initial)
B. Diane Wilson

Mailing Address 11070 Turtle Beach Rd Apt B103

City North Palm Beach State FL Zip Code 33408-3458

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

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 20417.C1286

Amount of Each Receipt this Period
500.00

Receipt

Full Name (Last, First, Middle Initial)
C.

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
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	16000.00

**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 17
<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. Allstate Insurance Company PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2775 Sanders Rd Ste A2W
 City Northbrook State IL Zip Code 60062-6110
 FEC ID number of contributing federal political committee. **C** C00040253
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2012
Transaction ID : 20417.C1300
 Amount of Each Receipt this Period
 1000.00
 Receipt

B. National Grocers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 N Glebe Rd Ste 250
 City Arlington State VA Zip Code 22201-5758
 FEC ID number of contributing federal political committee. **C** C00508770
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2012
Transaction ID : 20507.C1305
 Amount of Each Receipt this Period
 500.00
 Receipt

C. Universal Music Group PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 Colorado Ave
 City Santa Monica State CA Zip Code 90404-3506
 FEC ID number of contributing federal political committee. **C** C00392464
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2012
Transaction ID : 20417.C1299
 Amount of Each Receipt this Period
 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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. GMD Technologies

Mailing Address PO Box 3663

City Jackson Hole State WY Zip Code 83001-3663

Purpose of Disbursement
PAC IT Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2012

Transaction ID : 20417.E2265

Amount of Each Disbursement this Period

500.61

PAC IT SERVICES

Full Name (Last, First, Middle Initial)

B. GMD Technologies

Mailing Address PO Box 3663

City Jackson Hole State WY Zip Code 83001-3663

Purpose of Disbursement
PAC IT Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2012

Transaction ID : 20507.E2269

Amount of Each Disbursement this Period

112.50

PAC IT SERVICES

Full Name (Last, First, Middle Initial)

C. Stonewall Golf Club

Mailing Address 15601 Turtle Point Dr

City Gainesville State VA Zip Code 20155-3200

Purpose of Disbursement
PAC Event Facility Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : 20507.E2270

Amount of Each Disbursement this Period

840.00

PAC EVENT FACILITY FEE

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

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

1453.11

**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. 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
04 / 09 / 2012

Transaction ID : 20417.E2262

Amount of Each Disbursement this Period: 12897.89

SEE BELOW

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 Administration

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 09 / 2012

Transaction ID : 20417.E2263

Amount of Each Disbursement this Period: 730.07

[MEMO ITEM]
MEMO: PAC ADMINISTRATION

Full Name (Last, First, Middle Initial)

C. Keri Ann Hayes

Mailing Address 202 11th St NE

City Washington State DC Zip Code 20002-6218

Purpose of Disbursement PAC Salary & Benefits

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 09 / 2012

Transaction ID : 20417.E2264

Amount of Each Disbursement this Period: 12167.82

[MEMO ITEM]
MEMO: PAC SALARY & BENEFITS

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12897.89

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 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 Carol Stream State IL Zip Code 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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	2

Transaction ID : 20402.E2251

Amount of Each Disbursement this Period

5	3	6	1	.	4	1
---	---	---	---	---	---	---

SEE BELOW

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address PO Box 619616

City Dallas State TX Zip Code 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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	2

Transaction ID : 20402.E2252

Amount of Each Disbursement this Period

8	8	1	.	4	0
---	---	---	---	---	---

[MEMO ITEM]
MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

C. Boston Corporate Coach

Mailing Address 1942 S Main St

City Fall River State MA Zip Code 02724-2156

Purpose of Disbursement
PAC Travel Expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	2

Transaction ID : 20402.E2253

Amount of Each Disbursement this Period

4	2	3	.	6	7
---	---	---	---	---	---

[MEMO ITEM]
MEMO: PAC TRAVEL EXPENSES

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

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

5	3	6	1	.	4	1
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5	3	6	1	.	4	1
---	---	---	---	---	---	---

**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. Wild Trout Outfitters

Mailing Address Hwy 191

City Big Sky State MT Zip Code 59716-

Purpose of Disbursement
PAC Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2012

Transaction ID : 20402.E2254

Amount of Each Disbursement this Period

382.00

[MEMO ITEM]

MEMO: PAC TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

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

M M M	/	D D D	/	Y Y Y Y Y
04		02		2012

Transaction ID : 20402.E2255

Amount of Each Disbursement this Period

1365.20

[MEMO ITEM]

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

C. Big Sky Lodging

Mailing Address 1 Mountain Lion Trl

City Bozeman State MT Zip Code 59718-7215

Purpose of Disbursement
PAC Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2012

Transaction ID : 20402.E2256

Amount of Each Disbursement this Period

1349.04

[MEMO ITEM]

MEMO: PAC LODGING

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Menus Catering

Mailing Address 5458 3rd St NE

City Washington State DC Zip Code 20011-6316

Purpose of Disbursement
PAC Event Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Transaction ID : 20402.E2258

Amount of Each Disbursement this Period

359.90

[MEMO ITEM]
MEMO: PAC EVENT CATERING

Full Name (Last, First, Middle Initial)

B. Willard Hotel

Mailing Address 1401 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-1047

Purpose of Disbursement
PAC Event Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2012

Transaction ID : 20406.E2259

Amount of Each Disbursement this Period

297.10

PAC EVENT CATERING

Full Name (Last, First, Middle Initial)

C. 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
04 / 20 / 2012

Transaction ID : 20507.E2268

Amount of Each Disbursement this Period

473.44

PAC RENT & PHONES

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

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

770.54

20482.95

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. Romney for President, Inc.

Mailing Address 585 Commercial St

City Boston State MA Zip Code 02109-1024

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MITT ROMNEY

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2012

Transaction ID : 20417.E2267

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

5000.00

5000.00
