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# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other than An Authorized Committee**
**(Summary Page)**

1. NAME OF COMMITTEE (In full)
Rely On Your Beliefs

ADDRESS (number and street) ☐ Check if different than previously reported.
1736 East Sunshine, Suite 913

CITY, STATE and ZIP CODE
Springfield, MO 65804

2. FEC IDENTIFICATION NUMBER
C00344648

3. ☐ This committee 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
11/07/2000 in the State of MO

(b) Is this Report an Amendment? ☐ YES ☒ NO

**SUMMARY**

| | | COLUMN A This Period | COLUMN B Calendar Year-to-date |
|---|---|---|---|
| 5. | Covering Period 10/19/2000 through 11/27/2000 | | |
| 6. | (a) Cash on Hand January 1, 20 00 | | 25,120.09 |
| | (b) Cash on Hand at Beginning of Reporting Period | 15,055.63 | |
| | (c) Total Receipts (from Line 19) | 31,043.55 | 236,411.75 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 46,099.18 | 261,531.84 |
| 7. | Total Disbursements (from Line 30) | 37,383.91 | 252,816.57 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8,715.27 | 8,715.27 |
| 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 20463
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
Gordon A Elliott

Signature of Treasurer
Gordon A Elliott

Date
12/5/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

**FEC FORM 3X**
(Revised 9/93)