REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Carper for Senate

ADDRESS (number and street) ☐ Check if different than previously reported.
240 N. James Street

CITY, STATE and ZIP CODE: Newport DE 19804
STATE/DISTRICT: DE /

2. FEC IDENTIFICATION NUMBER
C00349217

3. IS THIS REPORT AN AMENDMENT?
☒ YES ☐ NO

4. TYPE OF REPORT

- ☐ 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)
- ☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- ☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____
- ☐ Termination Report

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 8/21/00 through 9/30/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(c))	$325,249.93	$1,433,398.26
(b) Total Contribution Refunds (from Line 20(d))	$2,900.00	$18,125.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$322,349.93	$1,415,273.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$280,361.31	$795,246.00
(b) Total Offsets to Operating Expenditures (from Line 14)	$100.00	$378.86
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$280,261.31	$794,867.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	$1,222,437.34	
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)	$2,718.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: Patricia P. McGonigle

Signature of Treasurer: [signature]

Date: 12/29/00

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

FEC FORM 3
(revised 4/97)

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