REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): United in Freedom

ADDRESS (number and street) ☐ Check if different than previously reported: PO Box 3365

CITY, STATE and ZIP CODE: Saratoga Springs NY 12866

2. FEC IDENTIFICATION NUMBER: C00345133

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

☐ 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 _____

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/00 through 3/31/00		
6. (a) Cash on Hand January ~~1, 19~~ 2000		$ 8610.83
(b) Cash on Hand at Beginning of Reporting Period	$ 8610.83	
(c) Total Receipts (from Line 19)	$ 2000 —	$ 2000 —
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 10610.83	$ 10610.83
7. Total Disbursements (from Line 30)	$ 5030.96	$ 5030.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5579.87	$ 5579.87
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 202-694-1100

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: JOHN L. BRITCHARD

Signature of Treasurer: [signature] Date: 4/10/00

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 3X
(revised 9/93)

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