

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

700 DEC -9 A 10:12

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>St. Jude Medical Political Action Committee</i>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>One Killebeck Plaza</i>	2. FEC IDENTIFICATION NUMBER <i>C0030529</i>
CITY, STATE and ZIP CODE <i>St. Paul, MN 55117</i>	3. <input checked="" type="checkbox"/> 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 Nov. 7 in the State of Minnesota

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 1,025.01
(b) Cash on Hand at Beginning of Reporting Period	\$ 15,175.01	
(c) Total Receipts (from Line 19)	\$ 5,189.00	\$ 28,089.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,364.01	\$ 29,114.01
7. Total Disbursements (from Line 30)	\$ 5,249.16	\$ 13,999.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,114.85	\$ 15,114.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20463 Toll Free 800-424-9500 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	

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 <i>Peter Gove</i>	Date <i>11/30/00</i>
Signature of Treasurer <i>Peter Gove</i>	

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

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FEC FORM 3X
(revised 8/83)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 2X

(revised 1/1/91)

NAME OF COMMITTEE

St. Jude Medical Political Action Committee

REPORT COVERING PERIOD

FROM *10/19/00* TO: *11/27/00*

	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>5189. —</i>	<i>28,089. —</i>	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	<i>5189. —</i>	<i>28,089. —</i>	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	<i>5189. —</i>	<i>28,089. —</i>	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>5189. —</i>	<i>28,089. —</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>5000. —</i>	<i>13,750. —</i>	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	<i>249.16</i>	<i>249.16</i>	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>5249.16</i>	<i>13,999.16</i>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	<i>5189. —</i>	<i>28,089. —</i>	32
33. Total Contribution Refunds (from line 28d)	<i>—</i>	<i>—</i>	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	<i>5189. —</i>	<i>28,089. —</i>	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER

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 committees.

NAME OF COMMITTEE (In Full)

ST. Jude Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Simon 2710 Augusta Lane Billings, MT. 59102-1725 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Occupation: <i>Manager, CRM</i> Aggregate Year-to-Date > \$ 199.00	10/24/00	\$199.00
B. Full Name, Mailing Address and ZIP Code Elias H. Wattenstein 28602 Vineyard Lane Castaic, CA. 91384 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Occupation: <i>Director Marketing</i> Aggregate Year-to-Date > \$ 100.00	10/24/00	\$100.00
C. Full Name, Mailing Address and ZIP Code Gene A. Borozin 608 Stonebrook St. Simi Valley, CA. 93065-5447 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Occupation: <i>Director, Research</i> Aggregate Year-to-Date > \$ 500.00	10/24/00	\$500.00
D. Full Name, Mailing Address and ZIP Code Michael T. Rousseau 13 Stetland Isle Ct. Sugar Land, TX. 77479-2517 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Occupation: <i>VP Marketing</i> Aggregate Year-to-Date > \$ 500.00	10/24/00	\$500.00
E. Full Name, Mailing Address and ZIP Code Steven J. Enabnit 3198 Toulouse Cir. Thousand Oaks, CA. 91362 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Occupation: <i>Manager, CRM</i> Aggregate Year-to-Date > \$ 250.00	10/24/00	\$250.00
F. Full Name, Mailing Address and ZIP Code Roy C. HOSK, DVM 4081 Baffin Bay N Eagan, MN 55123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Occupation: <i>Marketing Manager</i> Aggregate Year-to-Date > \$ 250.00	10/24/00	\$250.00
G. Full Name, Mailing Address and ZIP Code ERIC N. FAIKENBERG 2820 Royal Hills Ct. Simi Valley, CA. 93065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ST. Jude Medical Occupation: <i>VP Emerging Indications</i> Aggregate Year-to-Date > \$ 250.00	10/24/00	\$250.00

SUBTOTAL of Receipts This Page (optional)

2049.00

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 4
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

St. Jude Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Mari R. Peris</u> <u>8847 St. Croix Road</u> <u>Woodbury, MN. 55125</u>	<u>St. Jude Medical</u> Occupation: <u>Director, R & D</u>	<u>10/24/00</u>	<u>\$ 250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>250.00</u>		
<u>Michael A. Lepp</u> <u>22334 Barlotta Dr.</u> <u>Santa Clarita, CA. 91350-3448</u>	<u>St. Jude Medical</u> Occupation: <u>VP, Product Mgmt.</u>	<u>10/24/00</u>	<u>\$ 250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>250.00</u>		
<u>Marc R. Sportsman</u> <u>8107 Redbud Ct.</u> <u>Parkville, MO. 64152</u>	<u>St. Jude Medical</u> Occupation: <u>Regional Director</u>	<u>10/24/00</u>	<u>\$ 100.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>100.00</u>		
<u>JAMES MOORE</u> <u>P.O. Box 55358</u> <u>Little Rock, AR. 72205</u>	<u>St. Jude Medical</u> Occupation: <u>Sales Rep.</u>	<u>10/24/00</u>	<u>\$ 250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>250.00</u>		
<u>ERIC FAIN, M.D.</u> <u>5 Spiros Way</u> <u>Menlo Park, CA. 94025</u>	<u>St. Jude Medical</u> Occupation: <u>IP, Clinicians</u>	<u>10/24/00</u>	<u>\$ 250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>250.00</u>		
<u>Jacob A. Bushyam</u> <u>1575 Tenaka Place, N-B</u> <u>Sunnyvale, CA. 94087</u>	<u>St. Jude Medical</u> Occupation: <u>Director, ATM</u>	<u>10/24/00</u>	<u>\$ 300.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>300.00</u>		
<u>David E. Kistler</u> <u>26117 Mebear Pkwy. Unit 9</u> <u>Valencia, CA. 91355-2018</u>	<u>St. Jude Medical</u> Occupation: <u>Director, MKg.</u>	<u>10/24/00</u>	<u>\$ 150.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>150.00</u>		

SUBTOTAL of Receipts This Page (optional)

1,550.00

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 **3** OF **4**
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

ST. Jude Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Ewing 30359 June Rose Ct. Castaic, CA 91384	ST. Jude Medical Occupation: Product Mgmt.	11/20/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward C Ferrier 85071 Green Mill Ave. Newhall, CA 91321-3453	ST. Jude Medical Occupation: Finance	11/20/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey F. Chateau 26347 Ivrea Pl. Valencia, CA 91355	ST. Jude Medical Occupation: Sales Mgmt.	11/20/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David W. Smith 4756 Nevada Ave Crystal, MN 55428	ST. Jude Medical Occupation: VP, Japan Operations	11/20/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Brubiak 11400 Horseman Trail Raleigh, NC 27613	ST. Jude Medical Occupation: Sales Mgmt.	11/20/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Doring 25205 Keats Lane Stevenson Ranch, CA 91381	ST. Jude Medical Occupation: Product Mgmt.	11/20/00	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 50.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roland Smith 146601 Thicket Lane Dayton, MN 55327	ST. Jude Medical Occupation: Senior Patent Counselor	11/20/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

\$ 1,550.00

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 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

St. Jude Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Hallie A. Finucane 1347 Arden View Dr. Arden Hills, MN 55112</i>	<i>St. Jude Medical</i>	<i>11/20/00</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Chief Metall Prog. Counsel</i> Aggregate Year-to-Date: <i>\$ 40.00</i>		<i>\$ 40.00</i>
B. 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: \$		
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	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: \$		
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: \$		
F. 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: \$		
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):	Occupation Aggregate Year-to-Date: \$		

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

\$ 5189.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

St. Jude Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Paul Grams for U.S. Senate 480 Cedar ST, STE 450 St. Paul, MN 55101</i>	<i>Campaign Contribution U.S. Senate - MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/23/00</i>	<i>\$2,000.00</i>
<i>Rother for Congress 1399 Geneva Ave. N, Suite 202 Oakdale, MN. 55128</i>	<i>Campaign Contribution U.S. House of Rep. 1st District - MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/23/00</i>	<i>\$500.00</i>
<i>Minge for Congress Box 71 Granite Falls, MN. 56241</i>	<i>Campaign Contribution U.S. House of Rep. 1st District - MN. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/27/00</i>	<i>\$500.00</i>
<i>Linda Kunbeck for U.S. Congress P.O. Box 40340 St. Paul, MN. 55104</i>	<i>Campaign Contribution U.S. House of Rep. 4th District - MN. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>10/27/00</i>	<i>\$1,000.00</i>
<i>Kline for Congress Minneapolis Hilton 1001 Marquette Ave South Minneapolis, MN.</i>	<i>Campaign Contribution U.S. House of Rep. 1st District - MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>11/6/00</i>	<i>\$1,000.00</i>
<i>Public Policy Partners, L.L.C. 1001 Pennsylvania Ave. NW Suite 850 N Washington, DC 20004-8605</i>	<i>reimbursed for costs of fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</i>	<i>11/27/00</i>	<i>\$249.16</i>
G. 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)		
H. 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)		
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)

5249.16

TOTAL This Period (last page this line number only)

5249.16

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12-6-00</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMB</i> PREPARER	<i>12-9-00</i> DATE PREPARED