

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 31 P 2:26

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2000 N. 14th Street, Suite 450	
CITY, STATE and ZIP CODE Arlington, VA 22201	
2. FEC IDENTIFICATION NUMBER C00283135	
3. <input 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:

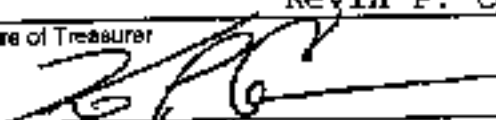
- February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- 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 <u>July 1, 99</u> through <u>Dec. 31, 99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 6,109.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,896.87	
(c) Total Receipts (from Line 19)	\$ 5,047.04	\$30,007.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 22,943.91	\$36,117.04
7. Total Disbursements (from Line 30)	\$ 8,768.48	\$21,941.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,175.43	\$14,175.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 Kevin P. Corcoran	Date 1/28/00
Signature of Treasurer 	

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 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE National Association of Health Underwriters PAC		REPORT COVERING PERIOD FROM 7/1/99 TO: 12/31/99	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		1,790.00	10,215.00
i. Itemized (use Schedule A)		3,257.04	19,792.08
ii. Total (add i and ii) >		5,047.04	30,007.08
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		5,047.04	30,007.08
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		5,047.04	30,007.08
20. Total Federal Receipts (subtract line 18 from line 19) >		5,047.04	30,007.08
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		1,693.48	9,866.61
b. Other Federal Operating Expenditures		1,693.48	9,866.61
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		7,075.00	12,075.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		8,768.48	21,941.61
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		8,768.48	21,941.61
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		5,047.04	30,007.08
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		5,047.04	30,007.08
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		1,693.48	9,866.61
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 35 from 35) >		1,693.48	9,866.61

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a)(i)

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)**

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
D. Bailey Calvin 445 East 5th Avenue Anchorage, AK 99510	Calco, Inc.	7/2/99	\$50.00
		8/2/99	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	9/2/99	\$50.00
	Agent- Owner	10/4/99	\$50.00
		11/2/99	\$50.00
		12/2/99	\$50.00
		Aggregate Year-to-Date >	\$600.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Heldebrand 4500 S. Garnet, Suite 922 Tulsa, OK 74146-5229	Heldebrand & Associates	7/2/99	\$20.00
		8/2/99	\$20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	9/2/99	\$20.00
	Agent- Owner	10/4/99	\$20.00
		11/2/99	\$20.00
		12/2/99	\$20.00
		Aggregate Year-to-Date >	\$240.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Timothy Hendricks 4200 East Skelly Dr., Suite 835 Tulsa, OK 74135-3235	Business Planning Group of OK, Inc.	7/2/99	\$50.00
		8/2/99	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	9/2/99	\$50.00
	Agent- Owner	10/4/99	\$50.00
		11/2/99	\$50.00
		12/2/99	\$50.00
		Aggregate Year-to-Date >	\$700.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David R. Kross 3341 Harrison Avenue Cincinnati, OH 45211-5511	United Benefits Agency, Inc.	7/2/99	\$20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent		
		Aggregate Year-to-Date >	\$205.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael E. Matznick P.O. Box 38248 Greensboro, NC 27438-8248	Med/Flex Benefits Center, Inc.	7/2/99	\$50.00
		8/2/99	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	9/2/99	\$50.00
	Agent- Owner	10/4/99	\$50.00
		11/2/99	\$50.00
		12/2/99	\$50.00
		Aggregate Year-to-Date >	\$790.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arnold C. Poutala 708 SW Third, Suite 400 Portland, OR 97204-2495	Campbell, Galt & Newlands	7/2/99	\$10.00
		8/2/99	\$10.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	9/2/99	\$10.00
	Agent- Owner	10/4/99	\$10.00
		11/2/99	\$10.00
		12/2/99	\$10.00
		Aggregate Year-to-Date >	\$335.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene Rowe 16000 Ventura Blvd., Suite 1103 Encino, CA 91436-2767	The Rowe Group	7/2/99	\$30.00
		8/2/99	\$30.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	9/2/99	\$30.00
	Agent- Owner	10/4/99	\$30.00
		11/2/99	\$30.00
		12/2/99	\$30.00
		Aggregate Year-to-Date >	\$360.00

**SUBTOTAL** of Receipts This Page (optional) .....

\$1400.00

**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 2

FOR LINE NUMBER 11(a)(1)

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)**

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger W. Skinner 5546 Shorewood Drive Indianapolis, IN 46220	GroupLink, Inc.	7/2/99	\$10.00
		8/2/99	\$10.00
		9/2/99	\$10.00
		10/4/99	\$10.00
		12/2/99	\$10.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent- Owner	Aggregate Year-to-Date > \$ 305.00	
Margaret Tabit 41 Croswell Road Columbus, OH 43214-3062	Tabit, Arganbright & Associates	7/2/99	\$10.00
		8/2/99	\$10.00
		9/2/99	\$10.00
		10/4/99	\$10.00
		11/2/99	\$10.00
12/2/99	\$10.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent- Owner	Aggregate Year-to-Date > \$ 220.00	
Charles L. Westmorland 1923 Spillway Road, Suite 194 Brandon, MS 39047-6021	American Fidelity Assurance	7/2/99	\$20.00
		8/2/99	\$20.00
		9/2/99	\$20.00
		10/4/99	\$20.00
		11/2/99	\$20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 220.00	
Sue Wilson 3555 NW 58th, Suite 310 Oklahoma City, OK 73112	Sue Wilson Brokerage, Inc.	7/2/99	\$25.00
		8/2/99	\$25.00
		9/2/99	\$25.00
		10/4/99	\$25.00
		11/2/99	\$25.00
12/2/99	\$25.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent- Owner	Aggregate Year-to-Date > \$ 300.00	
Ronald Wolownik 1275 Milwaukee Avenue Glenview, IL 60025	Guarantee Trust Life Insurance Co.	7/2/99	\$5.00
		8/2/99	\$5.00
		9/2/99	\$5.00
		10/4/99	\$5.00
		11/2/99	\$5.00
12/2/99	\$5.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL of Receipts This Page (optional)** .....

\$390.00

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

\$1,790.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21 (B)

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)**

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vialog Group Communications P.O. Box 9449 Boston, MA 02209-9449	HUPAC Board Monthly teleconferences Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) teleconferences	7/23/99 8/11/99 9/8/99 10/19/99	\$73.11 \$118.05 \$214.83 \$89.05
SRB Designs, Inc. 111 South 8th Street Philadelphia, PA 19106-3214	HUPAC Lapel Pins Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Lapel Pins	11/4/99	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$1495.04
<b>TOTAL</b> This Period (last page this line number only) .....	\$1495.04

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch Election Committee P.O. Box 3636 Salt Lake City, UT 84110	Contribution US Senator-UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/99	\$1,000.00
Friends of John Boehner 7908 Cincinnati - Dayton Road West Chester, OH 45069	Contribution 8th District-OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/99	\$500.00
Andrews for Congress P.O. Box 195 Oaklyn, NJ 08107	Contribution 1st District-NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/30/99	\$500.00
Friends of John Tanner P.O. Box 3301 Alexandria, VA 22302	Contribution 8th District-TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/99	\$500.00
Culbertson for Congress P.O. Box 56489 Houston, TX 77256-6489	Contribution 7th District-TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/99	\$250.00
John Ensign for Senate P.O. Box 26568 Las Vegas, NV 89126	Contribution Candidate for Senate-NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/99	\$1,000.00
Bass 2000 P.O. Box 3451 Concord, NH 03301	Contribution 2nd District-NH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/99	\$500.00
Kyl for Senate 3990 E. Camelback Road, Suite 200 Phoenix, AZ 85018	Contribution US Senator-AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/99	\$1,000.00
Kerrey for US Senate Committee 301 Fourth Street, NE, Suite 201 Washington, DC 20002	Contribution US Senator-NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/99	\$1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$6,250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pirozzi for Congress Committee 7365 Carnelian Avenue, Suite 22 Rancho Cucamonga, CA 91730	Contribution 42nd District-CA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Elect.	11/9/99	\$325.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fletcher for Congress P.O.Box 4703 Lexington, KY 40544	Contribution 6th District-KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/99	\$500.00
C. 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)		
D. 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)		
E. 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)		
F. 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)		
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) .....

\$825.00

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

\$7,075.00

**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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/31/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
 RB PREPARER	 1/31/00 DATE PREPARED