REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE

00 JUL 18 AM 8:59

USE FED MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Carper for Senate 2000

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

CITY, STATE and ZIP CODE — STATE/DISTRICT
Newport DE 19804 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 1/1/00 through 3/31/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(c))	$436,397.63	$436,397.63
(b) Total Contribution Refunds (from Line 20(d))	$13,000.00	$13,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$423,397.63	$423,397.63
7. Net Operating Expenditures (a) Total Operating Expenditures (from Line 17)	$176,135.52	$176,135.52
(b) Total Offsets to Operating Expenditures (from Line 14)	$278.86	$278.86
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$175,856.66	$175,856.66
8. Cash on Hand at Close of Reporting Period (from Line 27)	$781,125.45	
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 as on Schedule C and/or Schedule D)	$1,234.43	

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: 7/14/00

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)