

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 FEB -1 P 12:26

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Association of Chain Drug Stores Political Action Committee

ADDRESS (number and street) Check if different than previously reported
418 North Lee Street

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00022368

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day 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>11/25/00</u> through <u>12/31/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 42,886.74
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,298.18	
(c) Total Receipts (from Line 10)	\$ 3,318.37	\$ 88,181.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24,617.55	\$ 141,068.66
7. Total Disbursements (from Line 30)	\$ 4,000.00	\$ 120,451.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,617.55	\$ 20,617.55
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)	\$ 0.00	

For further information contact:
Federal Election Commission
600 E Street, NW
Washington, DC 20463
Toll Free 800-424-9620
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
R. James Huber

Signature of Treasurer
R. James Huber

Date
1/29/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8457g.

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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 Chain Drug Stores Political Action Committee	REPORT COVERING PERIOD		
	FROM	TO	
	11/29/00	12/31/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(7)
i. Itemized (use Schedule A)	2,823.56	59,454.82	11(a)(7)
ii. Unitemized	335.28	7,384.57	11(a)(8)
Total (add i and ii) >	3,258.84	76,839.39	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	0.00	18,000.00	11(d)
d. Total Contributions (add a ii, b and c) >	3,258.84	95,839.39	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	1,000.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	59.53	1,365.42	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	3,318.37	98,181.81	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,318.37	98,181.81	20
20. Total Federal Receipts (subtract line 16 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(i)
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	351.82	21(b)
b. Other Federal Operating Expenditures	0.00	351.82	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	4,000.00	117,750.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:	0.00	0.00	28(a)
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(b)
b. Political Party Committees	0.00	0.00	28(c)
c. Other Political Committees (such as PACs)	0.00	0.00	28(d)
d. Total Contribution Refunds (add a, b and c) >	0.00	2,338.18	29
29. Other Disbursements	4,000.00	120,451.00	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,560.00	120,451.00	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,258.84	95,839.39	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,258.84	95,839.39	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	351.82	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	351.82	37

SCHEDULE A

ITEMIZED RECEIPTS

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 Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Agor 15270 Lodge Terrace Woodbridge, VA 22181	National Association of Chain Drug Stores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	60.00 (\$ 10.00) B/weekly
	Aggregate Year-to-Date \$ 260.00		
Luther Bailey 5748 Governors Pond Circle Alexandria, VA 22310	National Association of Chain Drug Stores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	189.48 (\$ 31.58) B/weekly
	Aggregate Year-to-Date \$ 800.02		
Don Bell 5800 Magnolia Lane Falls Church, VA 22041	National Association of Chain Drug Stores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	138.48 (\$ 23.08) B/weekly
	Aggregate Year-to-Date \$ 800.05		
Tim Born 3117 Circle Hill Road Alexandria, VA 22305	National Association of Chain Drug Stores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	57.72 (\$ 9.62) B/weekly
	Aggregate Year-to-Date \$ 260.12		
John Coster 918 Rolfe Place Alexandria, VA 22314	National Association of Chain Drug Stores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	280.88 (\$ 43.48) B/weekly
	Aggregate Year-to-Date \$ 1,000.04		
John Covert 7531 Holmes Run Drive Falls Church, VA 22042	National Association of Chain Drug Stores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	120.00 (\$ 20.00) B/weekly
	Aggregate Year-to-Date \$ 800.00		
Diana Darvey 801 15th Street S, #202 Arlington, VA 22202	National Association of Chain Drug Stores		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Payroll Deduction	90.00 (\$ 15.00) B/weekly
	Aggregate Year-to-Date \$ 270.00		

SUBTOTAL of Receipts This Page (optional) **916.58**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fitzhugh Elder 5274 Morning Mist Lane Alexandria, VA 22312 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores	Payroll	57.72
	Occupation Executive	Deduction	(\$ 9.62)
	Aggregate Year-to-Date > \$ 750.12		Biweekly
David Fitzsimmons 8315 Pitt Court Lorton, VA 22079 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores	Payroll	240.00
	Occupation Executive	Deduction	(\$ 40.00)
	Aggregate Year-to-Date > \$ 1,040.00		Biweekly
Brian Gallagher P.O. Box 1099 Alexandria, VA 22313 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores	Payroll	75.00
	Occupation Manager	Deduction	(\$ 12.50)
	Aggregate Year-to-Date > \$ 300.00		Biweekly
Todd Grover 15733 Edgewood Drive Dumfries, VA 22026 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores	Payroll	120.00
	Occupation Manager	Deduction	(\$ 20.00)
	Aggregate Year-to-Date > \$ 520.00		Biweekly
Susan Guiterman 409 Franklin Street Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores	Payroll	90.00
	Occupation Executive	Deduction	(\$ 15.00)
	Aggregate Year-to-Date > \$ 270.00		Biweekly
Ben Jackson 1710 Gumwood Place Crofton, MD 21114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores	Payroll	30.00
	Occupation Manager	Deduction	(\$ 10.00)
	Aggregate Year-to-Date > \$ 230.00		Biweekly
Sandra Jung 5527 Holmes Run Parkway Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores	Payroll	120.00
	Occupation Manager	Deduction	(\$ 20.00)
	Aggregate Year-to-Date > \$ 520.00		Biweekly

SUBTOTAL of Receipts This Page (optional) **792.72**

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 11 OF 11
FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhoda Kelly 7817 Meadowgate Drive Manassas, VA 20112	National Association of Chain Drug Stores	Payroll	60.00
	Occupation: Manager	Deduction	(\$ 10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	250.00	Biweekly
B. Full Name, Mailing Address and ZIP Code David Lambert 1014 N. Terrill Street Alexandria, VA 22304-1936	National Association of Chain Drug Stores	Payroll	230.82
	Occupation: Executive	Deduction	(\$ 38.47)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 9	1,000.22	Biweekly
C. Full Name, Mailing Address and ZIP Code Laura Miller 515 Jannoy's Lane Alexandria, VA 22302	National Association of Chain Drug Stores	Payroll	83.34
	Occupation: Manager	Deduction	(\$ 13.89)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	236.13	Biweekly
D. Full Name, Mailing Address and ZIP Code Stephen Parlowski 2689 Hillman Street Falls Church, VA 22045	National Association of Chain Drug Stores	Payroll	57.72
	Occupation: Manager	Deduction	(\$ 9.62)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5	280.12	Biweekly
E. Full Name, Mailing Address and ZIP Code Nancy Riegle 1808 Fallbrook Lane Vienna, VA 22182	National Association of Chain Drug Stores	Payroll	80.00
	Occupation: Manager	Deduction	(\$ 15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	390.00	Biweekly
F. Full Name, Mailing Address and ZIP Code Mary Ann Wagner 1605 B Hunting Creek Drive Alexandria, VA 22314	National Association of Chain Drug Stores	Payroll	461.68
	Occupation: Executive	Deduction	(\$ 76.93)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	2,000.18	Biweekly
G. Full Name, Mailing Address and ZIP Code James Whitman 7982 Foxmoor Drive Dunn Loring, VA 22027	National Association of Chain Drug Stores	Payroll	230.82
	Occupation: Executive	Deduction	(\$ 38.47)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	1,000.22	Biweekly

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,214.28

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **11** OF **11**
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Whorton 605 Tazewell Road, NW Vienna, VA 22180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	National Association of Chain Drug Stores Occupation: Manager Aggregate Year-to-Date: \$ 280.00	Payroll Deduction	(\$ 10.00 60.00 (Weekly))
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **60.00**

TOTAL This Period (last page this line number only) **2,923.56**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dreyfus Gov't Cash Mgmt 200 Park Ave. 8th Floor New York, NY 10168	Occupation Dividend Reinv.-Dreyfus	11/30/00	-0.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,042.08		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Business Money Market P.O. Box 85024 Richmond, VA 23285-5024	Occupation Interest Paid	11/30/00	11.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 276.23		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dreyfus Gov't Cash Mgmt 200 Park Ave. 8th Floor New York, NY 10168	Occupation Dividend Reinv.-Dreyfus	12/31/00	31.53
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,073.81		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Business Money Market P.O. Box 88024 Richmond, VA 23285-5024	Occupation Interest Paid	12/31/00	16.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 281.81		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$9.53

TOTAL This Period (last page this line number only)

\$9.53

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

National Association of Chain Drug Stores Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson For Senate 110-B East Broad St Falls Church, VA 22046	Bill Nelson, U.S. SENATE FL	12/12/00	1,000.00
B. Full Name, Mailing Address and ZIP Code First State PAC 729 15th Street, NW Suite 300 Washington, DC 20005	Tom Carper, U.S. SENATE DE	12/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Hegel For Senate P.O. Box 241487 Omaha, NE 68124	Chuck Hegel, U.S. SENATE NE	12/12/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends Of Max Baucus 227 Massachusetts Ave NE, Ste 101 Washington, DC 20002	Max Baucus, U.S. SENATE MT	12/12/00	1,000.00
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

SUBTOTAL of Disbursements This Page (optional)

4,000.00

TOTAL This Period (last page this line number only)

4,000.00

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) 1/30/01
<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>CR</i> PREPARER	 2/1/01 DATE PREPARED