

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 30 A 10:22

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PRO-LIBERTY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported
P.O. BOX 11196

CITY, STATE and ZIP CODE
ARLINGTON, VA 22201

2. FEC IDENTIFICATION NUMBER
C00343285

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 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 7/1/99 through 12/31/99 | | |
| 6. (a) Cash on Hand January 1, 19 99 | | \$ 0 |
| (b) Cash on Hand at Beginning of Reporting Period | | |
| (c) Total Receipts (from Line 19) | \$ 928.11 | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ | \$ |
| 7. Total Disbursements (from Line 30) | \$ | \$ |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ | \$ |
| 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
998 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-884-1100

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
LORENZ HART

Signature of Treasurer
Lorenz Hart

Date
1/26/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|-------|
| | FROM | TO: | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individuals/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | \$ 5,000 | \$ 16,500 | 11(a) |
| ii. Unitemized | 0 | 0 | 11(b) |
| iii. Total (add i and ii) | \$ 5,000 | \$ 16,500 | 11(c) |
| b. Political Party Committees | 0 | 0 | 11(d) |
| c. Other Political Committees (such as PACs) | 0 | 0 | 11(e) |
| d. Total Contributions (add a ii, b and c) | \$ 5,000 | \$ 16,500 | 11(f) |
| 12. Transfers From Affiliated/Other Party Comm Ites | 0 | 0 | 12 |
| 13. All Loans Received | 0 | 0 | 13 |
| 14. Loan Repayments Received | 0 | 107.20 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0 | 0 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Comm Ites | 0 | 0 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 12.80 | 12.80 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0 | 0 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) | \$ 5,012.80 | \$ 12,620.00 | 19 |
| 20. Total Federal Receipts (subtract line 16 from line 19) | \$ 5,012.80 | \$ 12,620.00 | 20 |
| II Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0 | 0 | 21(a) |
| ii. Non-Federal Share | 904.64 | 7,086.98 | 21(b) |
| b. Other Federal Operating Expenditures | 0 | 0 | 21(c) |
| c. Total Operating Expenditures (add a i, a ii, and b) | \$ 904.64 | \$ 7,086.98 | 21 |
| 22. Transfers to Affiliated/Other Party Committees | 0 | 0 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2,000.00 | 2,000.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0 | 0 | 25 |
| 26. Loan Repayments Made | 500 | 1,000 | 26 |
| 27. Loans Made | 0 | 0 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0 | 0 | 28(a) |
| b. Political Party Committees | 0 | 0 | 28(b) |
| c. Other Political Committees (such as PACs) | 0 | 0 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) | 0 | 0 | 28(d) |
| 29. Other Disbursements | 3,404.64 | 10,086.78 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | \$ 3,404.64 | \$ 10,086.78 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) | \$ 904.64 | \$ 6,979.78 | 31 |
| III Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | \$ 5,000 | \$ 16,500 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0 | 0 | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | \$ 5,000 | \$ 16,500 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) | \$ 904.64 | \$ 7,086.98 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0 | 107.20 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) | \$ 904.64 | \$ 6,979.78 | 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)
PRO-LIBERTY POLITICAL ACTION COMMITTEE

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|------------------|-------------------------|------------------------------------|
| MISSISSIPPI BAND OF CHOCTAW INDIANS P.O. BOX 6010, CHOCTAW BRANCH PHILADELPHIA, MS 39350 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | 9/7/99 | \$5,000 |
| Aggregate Year-to-Date > \$ | | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | | |
| 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 |
| | | | |
| 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 |
| | | | |
| 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 |
| | | | |
| 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 |
| | | | |
| 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 |
| | | | |
| Aggregate Year-to-Date > \$ | | | |

SUBTOTAL of Receipts This Page (optional)
 TOTAL This Period (last page this line number only) **\$5,000**

LOANS

| | | | |
|--|---|--|---|
| Name of Committee (in Full) Pro-Liberty Political Action Committee | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source LORENZ HART 123 N. BAZZON ST. Arlington, VA 22201 | Original Amount of Loan \$500 | Cumulative Payment To Date \$500 | Balance Outstanding at Close of This Period \$0 |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred 4/15/89 Date Due _____ Interest Rate 0% (apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| B. Full Name, Mailing Address and ZIP Code of Loan Source | | | |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item B | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| SUBTOTALS This Period This Page (optional) | | | |
| TOTALS This Period (last page in this line only) | | | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page _____ of _____ for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

| Name of Committee (in Full) | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|-----------------------------------|---------------------------|---|
| <p>COMMITTEE PRO-LIBERTY POLITICAL ACTION WASH FOR CONGRESS COMMITTEE P. O. BOX 1974 SYRACUSE, NY 13201</p> | \$ 427.29 | 0 | \$ 427.29 | 0 |
| Nature of Debt (Purpose): | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | |
| 2) TOTALS This Period (last page in this line only) | \$ 0 | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | \$ 0 | | | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | \$ 0 | | | |

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 1-26-00 |
| <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 | |
| JMld PREPARER | 1-30-00 DATE PREPARED |