REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 25 A 10: 10

1. NAME OF COMMITTEE (in full)
DeFazio for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
PO Box 1316

CITY, STATE and ZIP CODE
Springfield, OR 97477

STATE/DISTRICT
OR 4

2. FEC IDENTIFICATION NUMBER
122998

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 General (Type of Election) election on 11/07/00 in the State of Oregon
☐ 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 10/1/2000 through 10/18/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	$ 20,845.00	$ 228,051.40
(b) Total Contribution Refunds (from Line 20(d))	$ 0.00	$ 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$ 20,845.00	$ 228,051.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$ 40,433.26	$ 148,263.25
(b) Total Offsets to Operating Expenditures (from Line 14)	$ 0.00	$ 748.47
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$ 40,433.26	$ 147,514.78
8. Cash on Hand at Close of Reporting Period (from Line 27)	$ 236,864.76	
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
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
Robert Ackerman [signature]

Signature of Treasurer
[signature]

Date 10-24-00

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 4/87)

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