REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -1 A 11: 22

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Chiropractic Association PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1701 Clarendon Blvd

CITY, STATE and ZIP CODE
Arlington, VA 22209

2. FEC IDENTIFICATION NUMBER
C00102784

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

☐ 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 02/01/00 through 02/29/00		
6. (a) Cash on Hand January 1, 19 00		$ 57,307.79
(b) Cash on Hand at Beginning of Reporting Period	$ 79,697.79	
(c) Total Receipts (from Line 19)	$ 42,005.00	$ 64,395.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 121,702.79	$ 121,702.79
7. Total Disbursements (from Line 30)	$ 14,933.62	$ 14,933.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 106,769.17	$ 106,769.17
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 202-219-3420

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
Kirt Josefek, D.C.

Signature of Treasurer
Kirt J. Josefek, D.C.

Date
12/8/00

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 3X
(revised 9/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: American Chiropractic Association PAC

REPORT COVERING PERIOD FROM 03/01/00 TO: 03/30/00

	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)(i)
i. Itemized (use Schedule A)	6,450.00	13,675.00	11(a)(ii)
ii. Unitemized	35,555.00	50,720.00	11(a)(iii)
iii. Total (add i and ii) ➤	42,005.00	64,395.00	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	0.00	0.00	11(d)
d. Total Contributions (add a iii, b and c) ➤	42,005.00	64,395.00	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	0.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	42,005.00	64,395.00	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤	42,005.00	64,395.00	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share	0.00	0.00	21(a)(ii)
ii. Non-Federal Share	0.00	0.00	21(b)
b. Other Federal Operating Expenditures	0.00	0.00	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	0.00	0.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,933.62	14,933.62	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	0.00	0.00	
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,933.62	14,933.62	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,933.62	14,933.62	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	42,005.00	64,395.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	42,005.00	64,395.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	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	0.00	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Dziura 650 Main St Branford, CT 06405-3613	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	02/03/00	500.00
B. Daniel Michalec 5261 N Central Ave Chicago, IL 60630-4656	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	02/03/00	250.00
C. Blair Bauer 669 W 12th St Dickinson, ND 58601-3554	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	02/03/00	250.00
D. Karen Konarski-Hart 422 N Cedar St Little Rock, AR 72205-5538	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	02/08/00	250.00
E. Edward McKenzie 928 W 8th Holton, KS 66436-1222	Name of Employer: Holton Chiropractic Center Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	02/08/00	250.00
F. Elizabeth Slak 10675 Belleville Rd Belleville, MI 48111-1385	Name of Employer: Belleville Chiropractic Clinic Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	02/08/00	500.00
G. Daniel Kahr 2008 3Rd St Ste C La Grande, OR 97850-2200	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	02/08/00	250.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

SUBTOTAL of Receipts This Page (optional) 2,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael McMurray 1580 S Winchester Blvd #202 Campbell, CA 95008-0519 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McMurray Chiropractic Occupation: Chiropractor Aggregate Year-to-Date > $ 200.00	02/21/00	200.00
B. Gil Allen 142-01 37 Ave Flushing, NY 11354-4102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	02/21/00	500.00
C. Victor Korwitts 2736 Maple Ave Downers Grove, IL 60515-4201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	02/21/00	300.00
D. Daniel Staight 223 S Kenwood Casper, WY 82601-3030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	02/21/00	250.00
E. R Lloyd Friesen 101 Hodencamp Rd Ste 100 Thousand Oaks, CA 91360-5831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	02/21/00	500.00
F. Joseph Martin 321 W Main St Goff Building Ste 200 Clarksburg, WV 26301-2929 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 450.00	02/21/00	450.00
G. Ciro Scilingo 510 Broadway #A Norwood, NJ 07648-1304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Norwood Chiropractic Center Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	02/21/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,450.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
F Dow Bates 621 Euclid Avenue Des Moines, IA 50313-4111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bates Chiropractic Clinic Occupation: Chiropractor Aggregate Year-to-Date > $ 350.00	02/21/00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Watters 25571 Jeronimo Road #15 Mission Viejo, CA 92691-2726 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Watters Chiropractic Occupation: Chiropractor Aggregate Year-to-Date > $ 400.00	02/21/00	400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephanie Rasmussen 1900 W 75th Ste 210 Prairie Village, KS 66208-3501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	02/29/00	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C George Champagne 429 Ravencrest Ln Westland, MI 48185-5004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	02/29/00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jo Rose DC 337 N. Main St. Ainsworth, NE 69210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: chiropractor Aggregate Year-to-Date > $ 300.00	02/29/00	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 1,750.00

TOTAL This Period (last page this line number only) 6,450.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for Senate 405 S. Decatur Las Vegas, NV 89107	John Ensign, U.S. SENATE NV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/03/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Filner For Congress Po Box 127866 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/03/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilda Solis for Congress 8665 Wilshire Blvd. #220 Beverly Hills, CA 95814	Hilda Solis, U.S. HOUSE 31st CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/03/00	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends Of Joe Baca 707 West 2nd Street Suite G San Bernardino, CA 92410	Joe Baca, U.S. HOUSE 42nd CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/10/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilda Solis for Congress 8665 Wilshire Blvd. #220 Beverly Hills, CA 95814	Hilda Solis, U.S. HOUSE 31st CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/10/00	2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Putnam for Congress c/o 1707 Prince St. #6 Alexandria, VA 22314	Adam Putnam, U.S. HOUSE 12th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/10/00	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People Who Support Jeff Bingaman 236 Massachusetts Avenue, NW Suite 202 Washingtone, DC 20002	Jeff Bingaman, U.S. SENATE NM Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/10/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Capitol Hill Club 300 First Street, SE Washington, DC 20003	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/10/00	433.62 (In-Kind)
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Vitter for Congress 2406 Rayburn House Office Building Washington, DC 20515	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/10/00	433.62 (Memo In-Kind)

SUBTOTAL of Disbursements This Page (optional) 8,433.62

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walker for Congress 408 Tennessee Ave. Charleston, WV 25302	Martha Yeager Walker, 2nd WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CRANE FOR CONGRESS COMMITTEE 1450 S. New Wilke Rd. #101 Arlington Heights, IL 60005	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nussle for Congress P.O. Box 324 Manchester, IA 52057	Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Latham For Congress 178 180th Street Alexander, IA 50420	Tom Latham, U.S. HOUSE 5th IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Earl Pomeroy Post Office Box 746 Bismark, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARTIN FROST CAMPAIGN COMMITTEE 4 E Street, SE Washington, DC 20003	Martin Frost, U.S. HOUSE 24th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Costello For Congress Comm. 629 Garden Boulevard Belleville, IL 62220	Jerry F. Costello, U.S. HOUSE 12th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BECERRA FOR CONGRESS 555 New Jersey Ave NW Suite 201 Washington, DC 20001	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch for Senate 8321 Old Courthouse Road Suite 250 Vienna, VA 22182	Orrin G. Hatch, U.S. SENATE UT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,500.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Re-elect Dana Rohrabacher PO Box 823 Huntington Beach, CA 92648	Dana Rohrabacher, U.S. HOUSE 45th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	1,000.00
B. Costello For Congress Comm. 629 Garden Boulevard Belleville, IL 62220	Voided Check for Costello per bank reconciliation Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	-500.00
C. Hatch for Senate 8321 Old Courthouse Road Suite 250 Vienna, VA 22182	Voided Check for Hatch per bank reconciliation Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	-1,000.00
D. CRANE FOR CONGRESS COMMITTEE 1450 S. New Wilke Rd. #101 Arlington Heights, IL 60005	Voided Check for Crane per bank reconciliation Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/25/00	-1,000.00
E. Citizens for Harkin 815 Connecticut Ave., NW Suite 1100 Washington, DC 20006	Tom Harkin, U.S. SENATE IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	02/28/00	1,000.00
F. RE-ELECT NANCY JOHNSON TO CONGRESS COM P.O. Box 1986 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/29/00	1,000.00
G. Nussle for Congress P.O. Box 324 Manchester, IA 52057	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/29/00	-500.00
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 14,933.62

4-00179

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.

☑	Hand Delivered	Date of Receipt 12-7-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	12-7-00 DATE PREPARED

(6/2000)