

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 24 P 2:10

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Straight Talk America, Inc.		2. FEC IDENTIFICATION NUMBER C00155586
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO Box 77141		
CITY, STATE and ZIP CODE Washington, DC 20013		
		3. <input type="checkbox"/> 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

☐ 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 <u>Inception</u> through <u>3/31/00</u>			
6. (a) Cash on Hand January 1, 19____			\$
(b) Cash on Hand at Beginning of Reporting Period		\$ -0-	
(c) Total Receipts (from Line 1B)		\$ 52,525.00	\$ 52,525.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 52,525.00	\$ 52,525.00
7. Total Disbursements (from Line 3D)		\$ 5,000.00	\$ 5,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 47,525.00	\$ 47,525.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-694-1100

Type or Print Name of Treasurer Carla Rudy, Treasurer	Date 4-14-00
Signature of Treasurer <i>Carla Rudy</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Straight Talk America, Inc.		REPORT COVERING PERIOD FROM <u>Inception</u> TO <u>3/31/00</u>	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		\$ 47,525.00	\$17,525.00
ii. Unitemized			
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		\$5,000.00	\$5,000.00
d. Total Contributions (add a ii, b and c) >		\$52,525.00	\$52,525.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		\$52,525.00	\$52,525.00
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		\$5,000.00	\$5,000.00
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >		\$5,000.00	\$5,000.00
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		\$5,000.00	\$5,000.00
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)		\$52,525.00	\$52,525.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		\$5,000.00	\$5,000.00
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 2
FOR LINE NUMBER 11A

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)

Straight Talk America, Inc.

A. Full Name, Mailing Address and ZIP Code John J. McMullen 100 Arlton Avenue Allendale, NJ 07401	Name of Employer New Jersey Devils	Date (month, day, year) 3/20/00	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Marshall N. Carter 4 Riedesel Avenue Cambridge, MA 02138	Name of Employer State Street Bank	Date (month, day, year) 3/20/00	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Anthony B. Helfet 109 Oak Avenue Kentfield, CA 94904	Name of Employer Warburg Dillon Read	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Maxine L. Hess 42-570 Maracay Place Bermuda Dunes, CA 92201	Name of Employer	Date (month, day, year) 4/7/00	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code J. Gary Shansby 1000 Mason Street, Apt. 401 San Francisco, CA 94108	Name of Employer Shansby Group	Date (month, day, year) 4/7/00	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Gregory W. Wendt c/o CapitalGroup 1800 1Market St., Steuart Tower, Ste 4 San Francisco, CA 94105	Name of Employer Capital Group	Date (month, day, year) 4/7/00	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Finance	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Gregory C. Stevens 9 Streamwood Lane Salmouth, ME 04015	Name of Employer Stevens, Reed & Curcio	Date (month, day, year) 4/7/00	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self-employed	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$30,025.00

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 2 OF 2
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in full)

Straight Talk America

A. Full Name, Mailing Address and ZIP Code Trevor A. Mcc. Potter Wiloy Rein 1776 K Street, NW Washington, DC 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wiloy Rein & Fielding Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$2,500.00
B. Full Name, Mailing Address and ZIP Code Eliot A. Minsker 46 Westfield Road White Plains NY 10605 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Knowledge Industry Publications Occupation Publisher Aggregate Year-to-Date > \$	Date (month, day, year) 3/23/00	Amount of Each Receipt this Period \$5,000.00
C. Full Name, Mailing Address and ZIP Code Doris Minsker 46 Westfield Road White Plains, NY 10605 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Homemaker Aggregate Year-to-Date > \$	Date (month, day, year) 3/23/00	Amount of Each Receipt this Period \$5,000.00
D. Full Name, Mailing Address and ZIP Code John M. Dowd 1529 Crowell Road Vienna, VA 22182-1514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Akin, Gump, Strauses, et al Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 3/23/00	Amount of Each Receipt this Period \$5,000.00
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)

\$17,500.00

TOTAL This Period (last page this line number only)

\$17,525.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

Straight Talk America, Inc.

A. Full Name, Mailing Address and ZIP Code Union Pacific Corp. Fund for Effective Government 600 13th Street, NW, Ste. 340 Washington, DC 20005 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) 3/23/00	Amount of Each Receipt this Period \$5,000.00
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)

\$5,000.00

TOTAL This Period (last page this line number only)

\$5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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)

Straight Talk America, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MacNair Travel 1703 Duke Street Alexandria, VA 22314	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/00	\$5,000.00
B. 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
C. 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
D. 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
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)

\$5,000.00


TOTAL This Period (last page this line number only)

\$5,000.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input checked="" 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	
 PREPARER	4.24.00 DATE PREPARED