REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 24 A 8:51

1. NAME OF COMMITTEE (in full)
CAT PAC

ADDRESS (number and street) ☐ Check if different than previously reported
400 CAPITOL MALL, SUITE 1560

CITY, STATE and ZIP CODE
SACRAMENTO, CA 95814

2. FEC IDENTIFICATION NUMBER
C00326439

3. [X] 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

[X] 12-Day Pre-Election Report for the general (Type of Election)
election on 11/7/00 in the State of U.S.

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 10/01/2000 through 10/18/2000		
6.	(a) Cash on Hand January 1, 20____		$ 49811.02
	(b) Cash on Hand at Beginning of Reporting Period	$ 45612.41	
	(c) Total Receipts (from Line 19)	$ 16000.00	$ 77100.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 61612.41	$ 126911.02
7.	Total Disbursements (from Line 30)	$ 54212.00	$ 119510.61
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7400.41	$ 7400.41
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: David Bauer

Signature of Treasurer: David Bauer

Date: 10/19/00

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 9/99)

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

(revised 1/1/91)

NAME OF COMMITTEE
CAT PAC

REPORT COVERING PERIOD
FROM 10/01/2000 TO: 10/18/2000

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)	10000.00	27850.00	11(a)(i)
ii. Unitemized	0.00	0.00	11(a)(ii)
iii. Total ... (add i and ii) >	10000.00	27850.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	6000.00	49250.00	11(c)
d. Total Contributions ... (add a iii, b and c) >	16000.00	77100.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16000.00	77100.00	19
20. Total Federal Receipts ... (subtract line 18 from line 19) >	16000.00	77100.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	212.00	10510.61	21(b)
c. Total Operating Expenditures ... (add a i, a ii, and b) >	212.00	10510.61	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	54000.00	109000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
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) >	54212.00	119510.61	30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) >	54212.00	119510.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16000.00	77100.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16000.00	77100.00	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) >	212.00	10510.61	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures ... (subtract line 36 from 35) >	212.00	10510.61	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11|a||1|

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)

CAT PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF SAM JOHNSON, NO. 2 P. O. BOX 516145 Dallas, TX 75251		10/11/2000	$5,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: AUTHORIZED COMMITTEE Aggregate Year-to-Date $ 5000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
RADANOVICH FOR CONGRESS 1251 E. DYER RD., #100 Santa Ana, CA 92705		10/11/2000	$5,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: AUTHORIZED COMMITTEE Aggregate Year-to-Date $ 5000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation 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**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation 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**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation 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**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation 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**
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	10000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(C)

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NAME OF COMMITTEE (in Full)

CAT PAC

A. Full Name, Mailing Address and ZIP Code THE PRUDENTIAL INSURANCE CO. OF AMERICA FEDERAL 1140 CONNECTICUT AVE. NW, SUITE 51 WASHINGTON, DC 20036 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date $ 1000.00	Date (month, day, year) 10/06/2000	Amount of Each Receipt this Period $1,000.00
B. Full Name, Mailing Address and ZIP Code AMERICANS FOR A REPUBLICAN MAJORITY 1155 21ST ST., NW., SUITE 300 WASHINGTON, DC 20036 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 5000.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period $5,000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) 6000.00

TOTAL This Period (last page this line number only) 6000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 31(b)

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NAME OF COMMITTEE (In Full)

CAT PAC

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID BAGER BUSINESS SVC. 400 CAPITOL MALL, SUITE 1560 SACRAMENTO, CA 95814	ACCOUNTING SVC. Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	10/11/2000	$212.00
B. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	212.00
TOTAL This Period (last page this line number only)	212.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CAT PAC

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF PHILL KLINE 5921 MASTIN SHAWNEE MISSION, KS 66203	US HOUSE; STATE: KS; DIST. 3 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/03/2000	$5,000.00
B. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
ADAM PUTNAM FOR CONGRESS P. O. BOX 2426 BARTOW, FL 33831	US HOUSE; STATE: FL; DIST. 12 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$5,000.00
C. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BOB BARR FOR CONGRESS P. O. BOX 4323 MARIETTA, GA 30061	US HOUSE; STATE: GA; DIST. 7 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$5,000.00
D. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
EWING FOR CONGRESS P. O. BOX 1964 MUSKOGEE, OK 74402	US HOUSE; STATE: OK; DIST. 2 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$5,000.00
E. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
GRAVES FOR CONGRESS 4380 N. OAK TRAFFICWAY, SUITE 102 KANSAS CITY, MO 64116	US HOUSE; STATE: MO; DIST. 6 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$3,000.00
F. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JOHN KOSTER FOR CONGRESS 1420 HEWITT AVE. EVERETT, WA 98201	US HOUSE; STATE: WA; DIST. 2 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$5,000.00
G. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
KELLER FOR CONGRESS 322 E. MICHIGAN ST. ORLANDO, FL 32806	US HOUSE; STATE: FL; DIST. 8 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$5,000.00
H. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PEOPLE FOR HART P. O. BOX 435 WEXFORD, PA 15090	US HOUSE; STATE: PA; DIST. 4 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$3,000.00
I. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
REHBERG FOR CONGRESS 4401 HWY. 3 BILLINGS, MT 59106	US HOUSE; STATE: MT; DIST. 1 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/2000	$3,000.00

SUBTOTAL of Disbursements This Page (optional)	39000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CAT PAC

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROGERS FOR CONGRESS 1321 E. MICHIGAN LANSING, MI 48912	US HOUSE; STATE: MI; DIST: 8 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/11/2000	$5,000.00
B. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SHELLEY MOORE CAPITO FOR CONGRESS P. O. BOX 11519 CHARLESTON, WV 25339	US HOUSE; STATE: WV; DIST: 2 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/11/2000	$5,000.00
C. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
TODD AKIN FOR CONGRESS P. O. BOX 31232 ST. LOUIS, MO 63131	US HOUSE; STATE: MO; DIST: 2 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/11/2000	$5,000.00
D. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full name, Mailing Address and ZIP code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	54000.00

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.

☑ Hand Delivered	Date of Receipt 10/24/02
☐ 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	10/24/02 DATE PREPARED

(6/2000)