# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

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FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 19 A 10:48

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

THE SENATE VICTORY FUND

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

P.O. BOX 7274

CITY, STATE and ZIP CODE

TUPELO, MS 38802-7274

2. FEC IDENTIFICATION NUMBER

C00202861

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 JAN 1, 2000 through MARCH 31, 2000 | | |
| 6. (a) Cash on Hand January 1, 19 2000 | | $ 94,370.83 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 94,370.83 | |
| (c) Total Receipts (from Line 19) | $ 49,329.73 | $ 49,329.73 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 143,700.56 | $ 143,700.56 |
| 7. Total Disbursements (from Line 30) | $ 44,847.07 | $ 44,847.07 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 98,853.49 | $ 98,853.49 |
| 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
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
JOHN M. ROBINSON, CPA

Signature of Treasurer

Date 4-13-00

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 8/93)

FE9AN103