REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 11 A 11:20

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Buck McKeon for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. Box 2071

CITY, STATE and ZIP CODE: Santa Clarita, 91386
STATE/DISTRICT: CA/25

2. FEC IDENTIFICATION NUMBER
C00258244

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 _____ (Type of Election) election on _____ in the State of _____
☐ 30-Day Post-Election Report for the _____ (Type of Election) 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 2-17-00 through 3-31-00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	$ 33,822.00	$113,754.50
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$ 33,822.00	$113,754.50
7. Net Operating Expenditures (a) Total Operating Expenditures (from Line 17)	$ 29,085.51	$ 64,414.00
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$ 29,085.51	$ 64,414.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	$266,645.39	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

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: Patricia McKeon, Assistant Treasurer

Signature of Treasurer: Patricia McKeon

Date: 4-10-00

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)

FEC/MN144