48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE (in Full): PETE STARK RE-ELECTION COMMITTEE

ADDRESS (number and street): P. O. BOX 8331

CITY, STATE, and ZIP CODE: FREMONT, CALIFORNIA 94537

2. NAME OF CANDIDATE: PETE STARK

3. OFFICE SOUGHT (State and District): 13th CD / CALIF

4. FEC IDENTIFICATION NUMBER:

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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
AMERICAN PODIATRIC MED ASSOC. PAC 9312 OLD GEORGETOWN RD. BETHESDA, MARYLAND 20814		2/26/00	$1,000
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
NATIONAL EMERGENCY MEDICINE PAC 1125 EXECUTIVE CIRCLE IRVING, TEXAS 75038		2/25/00	$1,000
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**

SIGNATURE (optional) | DATE

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 6
(11/93)

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