

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 20 A 11:31

1. NAME OF COMMITTEE (in full) Howard Jarvis Taxpayers Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C00255232	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 521 So. Westmoreland Avenue #202	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		
CITY, STATE and ZIP CODE Los Angeles, CA 90005			

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	09/01/2000 through 09/30/2000		
6. (a) Cash on Hand January 1, 2000			\$ 15609.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 10109.00	
(c) Total Receipts (from Line 19)		\$ 0.00	\$ 0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 10109.00	\$ 15609.00
7. Total Disbursements (from Line 30)		\$ 0.00	\$ 5500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 10109.00	\$ 10109.00
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
989 E Street, NW
Washington, DC 20468
Toll Free 800-424-9530
Local 202-694-5100

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: Joseph Hanson

Signature of Treasurer: *[Handwritten Signature]*

Date: 10/17/2000

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)

