DISTRICT
1199J
National Union of Hospital and
Health Care Employees, AFSCME, AFL-CIO
9-25 Alling Street
3rd Floor
Newark, New Jersey 07102
(973) 624-1199
FAX: (973) 622-0801

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2001 JUL 19 P 1:17

Joseph Franklin
President
Susan M. Cleary
Secretary-Treasurer
Carolyn V. Keys
1st Vice-President
Jammetta Seabrook
2nd Vice-President
Pedro A. Fanduiz
4th Vice-President

July 13, 2001

Ms. Melissa Hurd, Report Analyst
Reports Analysis Division
Federal Election Commission
999 East Street, N.W.
Washington, D.C. 20463

RE: C00079327- District 1199J
NUHHCE, AFSCME, AFL-CIO, PAC
April 1, 2001 – June 30, 2001

Dear Ms. Hurd:

Enclosed please find our quarterly report for the period of April 1, 2001 – June 30, 2001.

If you require any additional information or have any questions regarding this report, please feel free to contact me.

Sincerely,

Susan M. Cleary
Secretary-Treasurer

cmc
Enclosure
pc: Christine Bradshaw

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
District 1199J
NUHHCE, AFSCME, AFL-CIO, PAC.

ADDRESS (number and street) ☐ Check if different than previously reported.
9-25 Alling Street, 3rd floor

CITY, STATE and ZIP CODE — STATE/DISTRICT
Newark, New Jersey 07102

2. FEC IDENTIFICATION NUMBER
C00079327

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 following the General 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 4/1/01 through 6/30/01		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	$570.00	$610.00
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$570.00	$610.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	-0-	-0-
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	-0-	-0-
8. Cash on Hand at Close of Reporting Period (from Line 27)	$6,303.56	
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 202-694-1100

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
Susan M. Cleary, Secretary-Treasurer

Signature of Treasurer
Susan M Cleary

Date
7/13/01

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)

FE0AN098

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full): District 1199J, NUHHCE, AFSCME, AFL-CIO, PAC.

Report Covering the Period: From: 4|1|01 To: 6|30|01

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			11(a)(i)
(i) Itemized (use Schedule A)	-0-		11(a)(ii)
(ii) Unitemized	70.00		11(a)(iii)
(iii) Total of contributions from individuals	-0-	-0-	11(b)
(b) Political Party Committees	-0-	-0-	11(c)
(c) Other Political Committees (such as PACs)	500.00	-0-	11(d)
(d) The Candidate	-0-	-0-	11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	570.00	-0-	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-0-	-0-	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	-0-	-0-	13(a)
(b) All Other Loans	-0-	-0-	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	-0-	-0-	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-0-	-0-	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	-0-	-0-	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	570.00	-0-	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	-0-	-0-	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-0-	-0-	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	-0-	-0-	19(a)
(b) Of All Other Loans	-0-	-0-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0-	-0-	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	-0-	-0-	20(a)
(b) Political Party Committees	-0-	-0-	20(b)
(c) Other Political Committees (such as PACs)	-0-	-0-	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-0-	-0-	20(d)
21. OTHER DISBURSEMENTS	2,560.00	-0-	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	2,560.00	-0-	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 8,293.56	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 570.00	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 8,863.56	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 2,560.00	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 6,303.56	27

FE0A0068

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE 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.

NAME OF COMMITTEE (in Full)

District 1199J, NUHHCE, AFSCME, AFL-CIO, PAC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AFSCME International 1625 L Street NW Washington, D.C. 20036		6|13|01	$500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): grant	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $500.00

TOTAL This Period (last page this line number only) $500.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

District 1199J, NUHHCE, AFSCME, AFL-CIO, PAC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

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 OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

District 1199J, NUHHCE, AFSCME, AFL-CIO, PAC.

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
The Committee to Elect Jeffrey Dublin 348 Martin Luther King Drive Jersey City, New Jersey 07305	Contribution	5|2|01	$160.00
Election Fund of Nellie Pou for Assembly P.O. Box 2696 Paterson, New Jersey 07509-2696	Contribution	5|2|01	$100.00
Friends of Joe Haslip P.O. Box 5524 - Manhattanville Station New York, New York 10027	Contribution	5|11|01	$500.00
Election Fund of Barbara Donnelly 945 Pacific Avenue Beachwood, New Jersey 08722	Contribution		$700.00
Cunningham Team for Jersey City 574 Newark Avenue Jersey City, New Jersey 07306	Contribution	6|5|01	$500.00
Election Fund of Craig Stanley P.O. Box 28293 Newark, New Jersey 07101	Contribution	6|5|01	$600.00
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) $2,560.00

TOTAL This Period (last page this line number only) $2,560.00

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full)

District 1199J, NUHHCE, AFSCME, AFL-CIO, PAC.

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured			

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Transfer total to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1
Federal Election Commission
Washington, D.C. 20463

Supplementary for Information found on Page ___ of Schedule C

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL)	FEC IDENTIFICATION NUMBER	
District 1199J, NUHHCE, AFSCME, AFL-CIO, PACT		
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)	AMOUNT OF LOAN	INTEREST RATE (APR)
	DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

☐ No ☐ Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER	DATE
TYPED NAME SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME SIGNATURE		

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full) District 1199J, NUHHCE, AFSCME, AFL-CIO, PAC.	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

FEC FORM 3Z

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee: District 1199J, NUHKE, AFSCME, AFL-CIO, PSC.

Report Covering Period: From: To:

	Committee Name(s)	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Cmtes.	(b) Line No. 11(b) Total Contributions From Political Party Committees	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions
A						
B						
C						
D						
E						
F						
G						
H						
I	Column Total This Page					
J	Column Total Last Page Only					

	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								

	(n) Line No. 18 Total Transfers to Other Authorized Committees	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/ Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees	(u) Line No. 20(d) Total Contribution Refunds
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								

	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Oblig. Owed TO the Committee	(aa) Line No. 10 Debts & Oblig. Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								

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

ADDRESS (number and street)

CITY, STATE, and ZIP CODE

2. NAME OF CANDIDATE

3. OFFICE SOUGHT (State and District)

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
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount
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)

FEOAN096

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

ADDRESS (number and street)

CITY, STATE, and ZIP CODE

2. NAME OF CANDIDATE

3. OFFICE SOUGHT (State and District)

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
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount
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)

FECA/NOB

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
☑	First Class Mail	POSTMARKED 7-13-01
☐	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	7-19-01 DATE PREPARED

(6/2000)