SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page 1 of 1 Pages

SECRETARY OF THE SENATE
00 NOV -3 AM 11:42

Name of Committee (In Full)

Democratic Senatorial Campaign Committee

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
American Family Voices 1808 Swann Street, N.W. Washington, DC 20009	Telemarketing	11/3/00	70000.00	Hillary Clinton U.S. Senate New York ☒ Support ☐ Oppose
				Rick Lazio U.S. Senate New York ☐ Support ☒ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 70,000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ 70,000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature

11-3-00
Date

Subscribed and sworn to before me this 3rd day of November 2000

My Commission expires: Oct. 31, 2002

NOTARY PUBLIC

FE5AN066

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 261
WASHINGTON, DC 20510-7118
Phone: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 11/3/00
Date of Receipt

____ **FAX (48-HOUR NOTICES)** _____
Date of Receipt

____ **INSIDE MAIL** _____
Date of Receipt

____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

____ **FIRST CLASS MAIL** _____
Postmarked

____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

____ **NO POSTMARK** ____ **POSTMARK ILLEGIBLE**

____ **OTHER (Specify):** _____
____ **AIRBORNE EXPRESS**
____ **EXPRESS MAIL**
____ **FEDERAL EXPRESS**
____ **UPS**
_____
Postmark and/or Date of Receipt

SM 11/3/00
Preparer **Date Prepared**