REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

FEB 20 1 44 PM '00

HAND DELIVERED

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
District No.1 - Pacific Coast District, MEBA Political Action Fund

ADDRESS (number and street) [ ] Check if different than previously reported
444 North Capitol Street - Suite 800

CITY, STATE and ZIP CODE
Washington, DC 20001

2. FEC IDENTIFICATION NUMBER
C - 00279380

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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:
[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/2000 through 1/31/2000		
6. (a) Cash on Hand January 1, ~~19~~ 2000		$ 602,285.51
(b) Cash on Hand at Beginning of Reporting Period	$ 602,285.51	
(c) Total Receipts (from Line 19)	$ 15,920.68	$ 15,920.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 618206.19	$ 618,206.19
7. Total Disbursements (from Line 30)	$ 5,596.60	$ 5,596.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 612,609.59	$ 612,609.59
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
Robert McPeeters

Signature of Treasurer

Date
2/18/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: District No.1-PCD, MEBA Political Action Fund

REPORT COVERING PERIOD FROM 1/1/2000 TO: 1/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	4,260.00	4,260.00	
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	11,596.79	11,596.79	11(a)(ii)
iii. Total (add i and ii) ➤	15,856.79	15,856.79	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	15,856.79	15,856.79	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	63.89	63.89	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15,920.68	15,920.68	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	15,920.68	15,920.68	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	96.60	96.60	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	96.60	96.60	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	500.00	500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,596.60	5,596.60	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,596.60	5,596.60	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15,856.79	15,856.79	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,856.79	15,856.79	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	96.60	96.60	35
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	96.60	96.60	37

FE6-AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a) (i)

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 No.1-Pacific Coast District, MEBA Political Action Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Nicholas W. Priscu 16 Forest Drive Warren, NJ 07059=5802 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA Vacation Trust 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $ 300.00	1/4/2000	300.00
B. Frank W. Hanhisalo The Sandalwood 910 Ahana Street #706 Honolulu, HI 96814 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA Vacation Trust 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $ 280.00	1/5/2000	280.00
C. Timothy S. Dady P O Box 212 New Woodstock, NY 13122 0212 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $ 400.00	1/5/2000	400.00
D. Charles Priscu 11 Dogwood Drive Mt. Kemble Lake Morristown, NJ 07960-3309 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $ 250.00	1/6/2000	250.00
E. Patrick A. Ramey P O Box 689 Cedar Key, FL 32625-0689 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TURST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $ 210.00	1/7/2000	210.00
F. Marty J. Broussard P O Box 39 Amite, LA 70422- 0089 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD. 21202 Occupation: Licensed MARINE Officer Aggregate Year-to-Date > $ 430.00	1/7/2000	430.00
G. Mark E. Engberg 704 Friar Tuck Lane Slaisbury MD 21804-9090 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $ 240.00	1/10/2000	240.00

SUBTOTAL of Receipts This Page (optional) 2,110.00

(enter this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a) (i).

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NAME OF COMMITTEE (In Full)

District No.1-Pacific Coast District, MEBA Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peter J. Martin 2511 51st Street Blvd E Bradenton, FL 34208-7140 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	MEBA Vacation Trust 1007 Eastern Avenue Baltimore, MD 21202 Occupation Licensed Marine Officer Aggregate Year-to-Date $ 280.00	1/11/2000	280.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William J. McCaney 1241 Washington Street Cape May, NJ 08204-1740 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	MEBA Vacation Trust 1007 Eastern Avenue Baltimore, MD 21202 Occupation Licensed Marine Officer Aggregate Year-to-Date $ 210.00	1/11/2000	210.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael D. Gordon 1219 Stratford Avenue Panama City, FL 32404-7335 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation Licensed Marine Officer Aggregate Year-to-Date $ 330.00	1/11/2000	330.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rickey D. King P O Box 805 Gibsonton Fl 33534-0805 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	MEBA VACATION TRUST 1007 Eastern Avenue Baltimore MD 21202 Occupation Licensed Marine Officer Aggregate Year-to-Date $ 270.00	1/14/2000	270.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Charland 70 Burchard Avenue Little Compton RI 02837 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	MEBA VACATION TURST 1007 Eastern Avenue Baltimore, MD 21202 Occupation Licensed Marine Officer Aggregate Year-to-Date $ 250.00	1/21/2000	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen B. Smith 264 Church Street, Apt #33 San Francisco, CA 94114 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD. 21202 Occupation Licensed MARINE Officer Aggregate Year-to-Date $ 300.00	1/24/2000 1/27/2000	270.00 30.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary P. Triguerio 1500 Colonnade Drive Virginia Beach, VA 23451 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation Licensed Marine Officer Aggregate Year-to-Date $ 210.00	1/27/2000	210.00

SUBTOTAL of Receipts This Page (optional) 1,850.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11(a)( )

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NAME OF COMMITTEE (In Full)

District No.1-Pacific Coast District, MEBA Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary W. Anderson 811 Carondolet Street New Orleans, LA 70130 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA Vacation Trust 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $ 300.00	1/3/2000	300.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA Vacation Trust 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TURST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed MARINE Officer Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Name of Employer: MEBA VACATION TRUST 1007 Eastern Avenue Baltimore, MD 21202 Occupation: Licensed Marine Officer Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 300.00

4,260.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

District No.1-Pacific Coast District, MEBA Political Action

A. Full Name, Mailing Address and ZIP Code First Union National Bank 444 North Capitol Street Washington, DC 20001 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Name of Employer N/A Occupation Aggregate Year-to-Date $ 63.89	Date (month, day, year) 1/31/2000	Amount of Each Receipt this Period 63.89
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	63.89

FE7A1047

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21 (b)

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 No.1-Pacific Coast District, MEBA Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank 444 North Capitol Street Washington, DC 20001	Bank Service Charges Disbursement for: [ ] Primary [ ] General [X] Other (specify)	1/1/2000	96.60
B. 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
C. 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
D. 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
E. 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
F. 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
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) .....

TOTAL This Period (last page this line number only) 96.60

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

District No.1-Pacific Coast District, MEBA Political Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic National Committee 430 South Capitol Street, SE Washington, DC 20003	Contribution to Cmte. Calendar Year 2000 Disbursement for: [ ] Primary [ ] General [X] Other (specify)	1/27/2000	5,000.00
B. 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
C. 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
D. 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
E. 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
F. 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
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) .....

TOTAL This Period (last page this line number only) 5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

District No.1-Pacific Coast District, MEBA Political Action Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Michael Skadden Campaign 10001 Westpark No 30 Houston, TX 77042	Contribution to Cmte. CY 2000 NonFed Primary Disbursement for: [XX] Primary [ ] General [ ] Other (specify) 134th TX	1/27/2000	250.00
B. Dorothy Olmos Campaign 420 1/2 Broadway Houston, TX 77012	Contribution to Cmte. CY 2000 Non Fed. Primary Disbursement for: [XX] Primary [ ] General [ ] Other (specify) 143rd TX	1/27/2000	250.00
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

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

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 2-20-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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	2-20-00 DATE PREPARED

(4/98)