REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JAN 26 A 9:57

1. NAME OF COMMITTEE (in full)

AAPSPAC

ADDRESS (number and street)

2296 Henderson Mill Road Suite 206

CITY, STATE and ZIP CODE

Atlanta GA 30345

2. FEC IDENTIFICATION NUMBER

C00331017

3. ☒ 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:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 21

☐ 12-Day Pre Election Report for the _____ 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 11/20/2000 through 12/31/2000		
6. (a) Cash on Hand January 1, 2000		$40,458.22
(b) Cash on Hand at Beginning of Reporting Period	$60,805.09	
(c) Total Receipts (from Line19)	$4,168.00	$43,592.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$64,973.09	$84,050.22
7. Total Disbursements (from Line 30)	$463.90	$19,541.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$64,509.19	$64,509.19
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
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 Stephen A. Montes, D.O.

Signature of Treasurer [signature] Date 01/15/2001

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/01)

NAME OF COMMITTEE: AAPSPAC C00331017

REPORT COVERING PERIOD FROM 11/28/2000 TO 12/31/2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$4,168.00	$41,122.00	11(a)(i)
ii. Unitemized	$0.00	$2,470.00	11(a)(ii)
iii. Total (add i and ii)	$4,168.00	$43,592.00	11(a)(iii)
b. Political Party Committees	$0.00	$0.00	11(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	11(c)
d. Total Contributions (add a iii, b and c)	$4,168.00	$43,592.00	11(d)
12. Transfers From Affiliated/Other Party Committees	$0.00	$0.00	12
13. All Loans Received	$0.00	$0.00	13
14. Loan Repayments Received	$0.00	$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	$0.00	$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	$0.00	$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$0.00	$0.00	17
18. Transfers from Nonfederal Account for Joint Activity	$0.00	$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	$4,168.00	$43,592.00	19
20. Total Federal Receipts (subtract line 18 from line 19)	$4,168.00	$43,592.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	$0.00	$0.00	21(a)(i)
ii. Non-Federal Share	$0.00	$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	$463.90	$5,775.03	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	$463.90	$5,775.03	21(c)
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$0.00	$13,000.00	23
24. Independent Expenditures (use Schedule E)	$0.00	$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	$0.00	$0.00	25
26. Loan Repayments Made	$0.00	$0.00	26
27. Loans Made	$0.00	$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	$0.00	$766.00	28(a)
b. Political Party Committees	$0.00	$0.00	28(b)
c. Other Political Committees (such as PACs)	$0.00	$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	$0.00	$766.00	28(d)
29. Other Disbursements	$0.00	$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	$463.90	$19,541.03	30
31. Total Federal Disbursements (subtract line 21 ai from line 30)	$463.90	$19,541.03	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	$4,168.00	$43,592.00	32
33. Total Contribution Refunds (from line 28d)	$0.00	$766.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	$4,168.00	$42,826.00	34
35. Total Federal Operating Expenditures (add 21 ai and 21 b)	$463.90	$5,775.03	35
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	$463.90	$5,775.03	37

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bailey, John T., Dr. 2100 Centerville Rd., Suite D Tallahassee FL 32308 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00
B. Bailey, John T., Dr. 2100 Centerville Rd., Suite D Tallahassee FL 32308 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00
C. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jefiries Physician Aggregate Year-to-Date > $2,400.00	11/30/2000	$200.00
D. Barnes, Scott G., Dr. 3513 Schoolhouse Lane Harrisburg PA 17109 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Bronstein/Jeffries Physician Aggregate Year-to-Date > $2,400.00	12/29/2000	$200.00
E. Beasley, Michael W., Dr. 1022 Crapo Lake Trail West Branch MI 48661 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Sterling Health Care Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00
F. Beasley, Michael W., Dr. 1022 Crapo Lake Trail West Branch MI 48661 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Sterling Health Care Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00
G. Brizuela, Heman R., Dr. 34 Latham Park Elkins Park PA 19027 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Temple Physician Inc. Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00

SUBTOTAL of Receipts This Page (optional) > $650.00

TOTAL This Period (last page 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)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Brizuela, Hernan R., Dr. 34 Latham Park Elkins Park PA 19027 Receipt For: ☐ Primary ☒ General ☐ Other (Specify)	Name of Employer: Temple Physician Inc. Occupation: Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00
B. de la Torre, Adrian L., Dr., Jr. 42103 Mohave Rose Drive Lancaster CA 93536 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $752.00	12/29/2000	$84.00
C. de la Torre, Adrian L., Dr., Jr. 42103 Mohave Rose Drive Lancaster CA 93536 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $752.00	11/30/2000	$84.00
D. Ebner, Thomas, Dr. 329 New Hudson Aurora OH 44202 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00
E. Ebner, Thomas, Dr. 329 New Hudson Aurora OH 44202 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00
F. Gaal, James G., Dr. 209 Crown Drive Ripley WV 25271 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $2,500.00	12/29/2000	$1,500.00
G. Geller, Robert, Dr. 1012 Kingston Drive Cherry Hill NJ 08034 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Wyoming Valley Health Care Occupation: Physician Aggregate Year-to-Date > $500.00	12/29/2000	$50.00

SUBTOTAL of Receipts This Page (optional) > $1,868.00

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

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

FOR LINE NUMBER 11(a)(i)

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
AAPSPAC CO0331017

A. Full Name, Mailing Address and ZIP Code Geller, Robert, Dr. 1012 Kingston Drive Cherry Hill NJ 08034 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Wyoming Valley Health Care Occupation: Physician Aggregate Year-to-Date > $500.00	Date (month, day, year): 11/30/2000	Amount of Each Receipt this Period: $50.00
B. Full Name, Mailing Address and ZIP Code House, Charles M., Cpt. 1300 Douglas Circle Key West FL 33040 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: U.S. Navy Occupation: Physician Aggregate Year-to-Date > $1,500.00	Date (month, day, year): 11/30/2000	Amount of Each Receipt this Period: $100.00
C. Full Name, Mailing Address and ZIP Code House, Charles M., Cpt. 1300 Douglas Circle Key West FL 33040 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: U.S. Navy Occupation: Physician Aggregate Year-to-Date > $1,500.00	Date (month, day, year): 12/29/2000	Amount of Each Receipt this Period: $100.00
D. Full Name, Mailing Address and ZIP Code Ilowite, Robert K., Dr. 505 Omni Drive Somerville NJ 08876 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Dermatology Associates, Inc. Occupation: Physician Aggregate Year-to-Date > $550.00	Date (month, day, year): 11/30/2000	Amount of Each Receipt this Period: $50.00
E. Full Name, Mailing Address and ZIP Code Ilowite, Robert K., Dr. 505 Omni Drive Somerville NJ 08876 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Dermatology Associates, Inc. Occupation: Physician Aggregate Year-to-Date > $550.00	Date (month, day, year): 12/29/2000	Amount of Each Receipt this Period: $50.00
F. Full Name, Mailing Address and ZIP Code Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Team Health Occupation: Physician Aggregate Year-to-Date > $1,200.00	Date (month, day, year): 11/30/2000	Amount of Each Receipt this Period: $100.00
G. Full Name, Mailing Address and ZIP Code Lamelas, Peter, Dr. 65 Spoonbill Road Lake Worth FL 33462 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Team Health Occupation: Physician Aggregate Year-to-Date > $1,200.00	Date (month, day, year): 12/29/2000	Amount of Each Receipt this Period: $100.00

SUBTOTAL of Receipts This Page (optional) >	$550.00
TOTAL This Period (last page this line number only) >	

FOR LINE NUMBER 1a(a)(i)

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

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
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CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Majers, Jerry R., Dr. 6200 SW Vorse Road Auburn KS 66402 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: VA Occupation: Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00
B. Majers, Jerry R., Dr. 6200 SW Vorse Road Auburn KS 66402 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: VA Occupation: Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00
C. Merwin, Bruce A., Dr. 5130 Manchester Drive Zanesville OH 43701 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $1,100.00	11/30/2000	$100.00
D. Merwin, Bruce A., Dr. 5130 Manchester Drive Zanesville OH 43701 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $1,100.00	12/29/2000	$100.00
E. Montes, Stephen A., Dr. 701 West Wedgewood Muskegon MI 49445 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $500.00	11/30/2000	$50.00
F. Montes, Stephen A., Dr. 701 West Wedgewood Muskegon MI 49445 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $500.00	12/29/2000	$50.00
G. Saltzburg, Michael C., Dr. 615 Howard Ave. Suite 200 Altoona PA 16601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00

SUBTOTAL of Receipts This Page (optional) > $450.00

TOTAL This Period (last page 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)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
AAPSPAC

C00331017

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
A. Saltzburg, Michael C., Dr. 615 Howard Ave. Suite 200 Altoona PA 16601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00
B. Schoen, Mitchell J., Dr. 10323 Tennessee Ave. Los Angeles CA 90064 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self-Employed Physician Aggregate Year-to-Date > $1,400.00	11/28/2000	$100.00
C. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $1,200.00	11/30/2000	$100.00
D. Schultz, F. Michael, Dr. 2410 Crockett Drive Brownwood TX 76801 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Physician Aggregate Year-to-Date > $1,200.00	12/29/2000	$100.00
E. Stumhoffer, R. Brian, Dr. 5246 Piping Rock Lane Houston TX 77056 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Employed Physician Aggregate Year-to-Date > $550.00	12/29/2000	$50.00
F. Stumhoffer, R. Brian, Dr. 5246 Piping Rock Lane Houston TX 77056 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Self Employed Physician Aggregate Year-to-Date > $550.00	11/30/2000	550.00
G. Unice, Carol A., Dr. 6947 Heather Cove Maumee OH 43537 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Riverside Anesthesia Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00

SUBTOTAL of Receipts This Page (optional) > $500.00

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

FOR LINE NUMBER 11(a)(i)

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

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (in Full)
AAPSPAC

CO0331017

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Unice, Carol A., Dr. 6947 Heather Cove Maumee OH 43537 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Riverside Anesthesia Occupation: Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00
B. Wert, Daniel D., Dr. 1261 Hunsicker Road Lancaster PA 17601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Retired Occupation: Physician Aggregate Year-to-Date > $600.00	12/29/2000	$50.00
C. Wert, Daniel D., Dr. 1261 Hunsicker Road Lancaster PA 17601 Receipt For: ☐ Primary ☒ General ☐ Other (Specify):	Retired Occupation: Physician Aggregate Year-to-Date > $600.00	11/30/2000	$50.00
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employe Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employe Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employe Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Name of Employe Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) >	$150.00
TOTAL This Period (last page this line number only) >	$4,168.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Other Operating Expenditures

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

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (in Full)

AAPSPAC

C00331017

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. American Express P. O. Box 53852 Phoenix AZ 85072	Bank Service Charge Bank Service Charge Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	11/30/2000	$15.00
B. American Express P. O. Box 53852 Phoenix AZ 85072	Bank Service Charge Bank Service Charge Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	12/29/2000	$18.10
C. Arent Fox 1050 Connecticut Ave. NW Washington DC 20036	Campaign Consultant SERVICES 11\2000 Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	12/27/2000	$390.00
D. Nova Information Systems 7300 Chapman High Knoxville TN 37920	Bank Service Charge Bank Service Charge Disbursement For: ☐ Primary ☒ General ☐ Other (Specify):	11/30/2000	$40.80
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
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
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
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
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) $463.90

TOTAL This Period (last page this line number only) $463.90

Reattributed/Reattribution Record

15-Jan-01

From			To		
Reattributed	**Date**	**Amount**	**Reattribution**	**Date**	**Amount**
Sally Owings 715 Hicks Cut Road Pulaski, TN 38478	06/29/1999 General 2000	($600.00)	Jon Owings 111 Janni Leigh Drive Huntsville, AL 35806	06/29/1999 General 2000	$600.00

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 1-26-01
☐	First Class Mail	POSTMARKED
☐	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

1-26-01
DATE PREPARED

(6/2000)