REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED 8 of 13
FEC MAIL ROOM
2000 AUG -9 A 11: 12

USE FEC MAILNG LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) REPUBLICAN CENTRAL COMMITTEE OF SAN LUIS OBISPO, CA ~~93440~~

ADDRESS (number and street) ☑ Check if different than previously reported

P.O. BOX 189

CITY, STATE and ZIP CODE

TEMPLETON, CA 93465

2. FEC IDENTIFICATION NUMBER C00263053

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 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 4-1-00 through 6-30-00		
6. (a) Cash on Hand January 1, 00		$ 2523
(b) Cash on Hand at Beginning of Reporting Period	$ 2360	
(c) Total Receipts (from Line 19)	$ 11,010	$ 14738
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 13,370	$ 19,780
7. Total Disbursements (from Line 30)	$ 2226	$ 6117
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,144	$ 13,504
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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 JONATHAN D. VAN BOGART

Signature of Treasurer [signature]

Date 7-31-00

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)

FE9AN103

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 4-1-00 TO: 6-30-00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	3427		
i. Itemized (use Schedule A)	~~3,427~~		11(a)(i)
ii. Unitemized	7,057		11(a)(ii)
iii. Total (add i and ii) ➤	10,484		11(a)(iii)
b. Political Party Committees	326		11(b)
c. Other Political Committees (such as PACs)	200		11(c)
d. Total Contributions (add a iii, b and c) ➤	11,010		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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,010		19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	11,010		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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			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	2,226		29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,226		30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	2,226		31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,010		32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,010		34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 10

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
SLO RCC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ATASCADERO FORD OUTLET 3850 EL CAMINO REAL ATASCADERO, CA 93423 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 500	6-30-00	500
B. SHARON BILLON MD INC. 2000 HAUSNA ARROYO GRANDE, CA 93420 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DERMATOLOGIST Aggregate Year-to-Date $ 225	6-30-00	225
C. CALIFORNIA REPUBLICAN PARTY 1905 MAGNOLIA BLVD BURBANK, CA. 91502 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1042	5-11-00 5-11-00	276 100
D. LINCOLN CLUB OF S.L.O. 887 OAK PARK PISMO BEACH, CA. 93449 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 400	5-23-00 6-30-00	100 100
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) 725.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 10

FOR LINE NUMBER 11A i

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NAME OF COMMITTEE (in Full)
SAN LUIS OBISPO COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PRO SOUND 620 GRAND ARROYO GRANDE, CA 93420 Receipt For: ☐ Primary ☐ General ☒ Other (specify): IN-KIND	Aggregate Year-to-Date $	6-4-00	400
ARCIERO WINERY P.O. BOX 1287 PASO ROBLES, CA 93446 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Aggregate Year-to-Date $	6-4-00 6-4-00	800 123
JACK HANSON P.O. BOX 296 MORO BAY, CA. 93443 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Name of Employer: SELF EMPLOYED Occupation: FISHERMAN Aggregate Year-to-Date $	6-4-00	250
PASO ROBLES GMC P.O. BOX 1108 PASO ROBLES, CA. 93446 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Aggregate Year-to-Date $	6-4-00	100
LINCOLN CLUB OF S.L.O. 887 OAK PARK PISMO BEACH, CA. 93449 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Aggregate Year-to-Date $	6-4-00	100
TOM BORDONARO JR 5275 CAMP 8 ROAD PASO ROBLES, CA. 93446 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Name of Employer: CAL-STATE BOARD OF PRISONS Aggregate Year-to-Date $	6-4-00	144
CORY IVERSON FITNESS 3930 BROAD ST. SAN LUIS OBISPO, CA 93401 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Aggregate Year-to-Date $	6-4-30	175

SUBTOTAL of Receipts This Page (optional) 2092

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 10

FOR LINE NUMBER 11A i

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NAME OF COMMITTEE (In Full)
SAN LUIS OBISPO COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WHALER INN 2411 PRICE PISMO BEACH, CA 93449 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Aggregate Year-to-Date $	6-4-00	110
B. BILL CLONDUS 625 SPRING STREET PASO ROBLES, CA 93446 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Name of Employer: SOUZA FOOD SERVICE Occupation: SALES FOOD SEV. Aggregate Year-to-Date $	6-4-00	150
C. LISA SOLOMON 9860 SAN MARCOS ROAD PASO ROBLES, CA. 93446 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Name of Employer: PASO ROBLES POLICE DEPT. Occupation Aggregate Year-to-Date $	6-4-30	100
D. FRED STRONG & ASSO. P.O. BOX 3621 PASO ROBLES, CA. 93465 Receipt For: ☐ Primary ☐ General ☑ Other (specify): IN-KIND	Name of Employer Occupation Aggregate Year-to-Date $	6-4-30	250
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) 610

TOTAL This Period (last page this line number only) 3427

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 10

FOR LINE NUMBER 11B

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NAME OF COMMITTEE (In Full)

SLO RCC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRP 1903 W. MAGNOLIA BLVD. BURBANK, CA 91502		5-11-00 5-11-00	226 100
Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	326
TOTAL This Period (last page this line number only)	326

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 10

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): SLO RCC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LINCOLN CLUB OF SLO 887 OAKPARK PISMO BEACH, CA. 93449 Receipt For: ☐ Primary ☑ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400	5-23-00 6-30-00	100 100
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 200

TOTAL This Period (last page this line number only) 200

FEBAN103

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 8 OF 10

FOR LINE NUMBER 29

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)

SAN LUIS OBISPO COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PACIFIC BELL SACRAMENTO, CA 95887-0001	PHONE SERVICE Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	4-20-00 5-23-00	41 77
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RKE PROPERTIES II 750 PISMO STREET SAN LUIS OBISPO, CA 93401	HDQTRS, RENT Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	4-28-00 5-23-00	352 352
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ATASCADERO WOMEN REPUBLICAN FEDERATED P.O. BOX 1664 ATASCADERO, CA. 93423	VOTER REGISTRATION BOUNTY Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	4-20-00 5-12-00	200 100
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MORO BAY R.W.F. P.O. BO 497 MORO BAY, CA. 93442	VOTER REGISTRATION BOUNTY Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	4-20-00 5-12-00	2 1
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAL-POLY COLLEGE REPUBLICANS 777 BOYSEN #5 SAN LUIS OBISPO, CA 93401	VOTER REGISTRATION BOUNTY Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	5-12	342
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SANTA LUCIA R.W.F. P.O. BOX 13 NIPOMO, CA 93405	VOTER REGISTRATION BOUNTY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	-0-	-0-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
YOUN G REPUBLICANS FEDERATED P.O. BOX 1403 TEMPLETON, CA. 93465	VOTER REGISTRATION BOUNTY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	-0-	-0-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CUESTA COLLEGE REPUBLICANS 1050 FOOTHILL BLVD. SAN LUIS OBISPO, CA 93405	VOTER REGISTRATION BOUNTY Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	5-12-00	177
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SOUZA FOODS SERVICE 2307 BONITA LATIER RD. SANTA MARIA, CA. 93455	GROCERIES Disbursement for: ☐ Primary ☑ General ☐ Other (specify)	6-5-00	376

SUBTOTAL of Disbursements This Page (optional) 2,020

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

FE8AN1CD

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 9 OF 10

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full): SLO RCC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. EDIE KNIGHT 3995 COLIMA ROAD ATASCADERO, CA. 93422	ADVERTISING REIMBURSEMENT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)	5-21-00	120
B. CAMBRIA R.W.F. P.O. BOX 1174 CAMBRIA, CA. 93428	VOTER REGISTRATION BOUNTY Disbursement for: [ ] Primary [✓] General [ ] Other (specify)	5-12-00	3
C. RENE BRAVO MD 1731 CORDOVA DR SAN LUIS OBISPO, CA. 93405	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		83
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) 206

TOTAL This Period (last page this line number only) 2,226

FE8AN103

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

10 of 10

NAME OF COMMITTEE

SAN LUIS OBISPO COUNTY REPUBLICAN CENTRAL COMMITTEE

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

☐ PRESIDENTIAL YEAR (65%)

☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

OR

☐ FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☑ (1 POINT)	
2. U.S. SENATE	☑ (1 POINT)	
3. U.S. CONGRESS	☑ (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		3
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☑ (1 POINT)	1
9. LOCAL CANDIDATES	☑ (1 OR 2 POINTS)	2
10. EXTRA NON-FEDERAL POINT	☑ (1 POINT)	1
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		4
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		7

43%

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... 43 %

FEBAN105

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
☐	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): Express Mail	Postmarked 8-7-00 and/or Date of Receipt
☐	Electronic Filing	

[signature] PREPARER

8-9-00 DATE PREPARED

(6/2000)