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FEC MAIL ROOM

2001 FEB -3 A 9 13

H&R Block Tax Services, Inc.
World Headquarters
4400 Main Street
Kansas City, MO 64111
(816) 753-6900

January 31, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

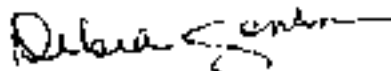
Public Records Office
Federal Elections Commission
999 E. Street, NW
Washington, DC 20463

Dear Sir or Madam:

We are enclosing FEC Form 3X, Report of Receipts and Disbursements, on behalf of H & R Block Political Action Committee (BLOCKPAC), FEC Identification Number C0166177, for the period November 28, 2000 through December 31, 2000.

Please contact me if I can be of further assistance.

Sincerely,



Debra Jenson
Special Projects Accountant

Enclosure

Cc: Jim Ingraham
Cheryl Givens
Bob Weinberger

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB -3 A 9 13

USE: FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
H + B Black Political Action Committee

ADDRESS (number and street) Check if different than previously reported
4400 Main Street

CITY, STATE and ZIP CODE
Kearneys City MO 64111

2. FEC IDENTIFICATION NUMBER
201858177

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 1/28/2000 through 12/31/2000		
6. (a) Cash on Hand January 1, 19 2000		\$ 40717.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 37719.88	
(c) Total Receipts (from Line 19)	\$ 2026.44	\$ 49370.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39746.32	\$ 40087.20
7. Total Disbursements (from Line 30)	\$ 142.59	\$ 50483.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 39603.73	\$ 39603.73
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 699 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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
JAMES H. INGRAHAM, ASSISTANT TREASURER

Signature of Treasurer
James H. Ingraham

Date
1/30/01

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

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FEC FORM 3X
(revised 9/03)

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

(revised 1/1/91)

NO OF COMMITTEE

REPORT COVERING PERIOD
FROM 11/28/00 TO 12/31/00

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	658.62	38594.10	11(a)(i)
ii.	Unitemized	1357.66	10522.50	11(a)(ii)
iii.	Total (add i and ii) >	2016.28	49116.60	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	2016.28	49116.60	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.)	-	42.74	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	10.16	210.81	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2026.44	49370.15	19
20.	Total Federal Receipts (subtract line 19 from 11d) >	2026.44	49370.15	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share	112.59	483.47	21(a)(iii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees		50000.00	23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(4)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			28(a)
a.	Individual/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >			28
29.	Other Disbursements			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	142.59	50483.47	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	142.59	50483.47	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	2016.28	49116.60	32
33.	Total Contribution Refunds (from line 28d)	-	-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	2016.28	49116.60	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	142.59	483.47	35
36.	Offsets to Operating Expenditures (from line 15)	-	42.74	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	142.59	440.73	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11a1

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)

H&R BLOCK POLITICAL ACTION COMMITTEE (BLOCKPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in Full)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
B. Full Name, Mailing Address and ZIP Code HENRY W. BLOCH 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	Name of Employer: HRB MANAGEMENT, INC. Occupation: PAYROLL DEDUCTION Honorary Chairman Aggregate Year-to-Date > \$ 340.00	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt (in Full) -
C. Full Name, Mailing Address and ZIP Code JAMES H. INGRAHAM 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	Name of Employer: HRB MANAGEMENT, INC. Occupation: PAYROLL DEDUCTION VP, Laboratory Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt (in Full) 40.00 (20.00 SEMI-MONTHLY)
D. Full Name, Mailing Address and ZIP Code STEPHANNE R. OTTO 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	Name of Employer: HRB MANAGEMENT, INC. Occupation: PAYROLL DEDUCTION SVP HUMAN RESOURCES Aggregate Year-to-Date > \$ 840.00	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt (in Full) 70.00 (35.00 SEMI-MONTHLY)
E. Full Name, Mailing Address and ZIP Code PATRICK O. PETRIE 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	Name of Employer: HRB Services Occupation: PAYROLL DEDUCTION VP, MARKET DEVELOPMENT Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt (in Full) 40.00 (20.00 SEMI-MONTHLY)
F. Full Name, Mailing Address and ZIP Code WILLIAM H. KOONTZ 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	Name of Employer: HRB Services Occupation: PAYROLL DEDUCTION Sr. VP Aggregate Year-to-Date > \$ 720.00	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt (in Full) 60.00 (30.00 SEMI-MONTHLY)
G. Full Name, Mailing Address and ZIP Code ROBERT A. WEINBERGER 700 Thirtieth Street NW, #700 Washington, DC 20006-5822 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	Name of Employer: HRB MANAGEMENT, INC. Occupation: PAYROLL DEDUCTION VP Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) PAYROLL DEDUCTION	Amount of Each Receipt (in Full) 30.00 (30.00 SEMI-MONTHLY)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate lines for each category of the Detailed Summary Page

FOR LINE NUMBER
2 3
11 a)

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NAME OF COMMITTEE (in Full)

H&R BLOCK POLITICAL ACTION COMMITTEE (BLOCKPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARK K. WHITAKER 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Services	PAYROLL DEDUCTION	50.00 (25.00 SEMI-MONTHLY)
STEVEN A. CHRISTIANSEN 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Management	PAYROLL DEDUCTION	27.00 (13.50 SEMI-MONTHLY)
TRIMAG L. ZIMMERMAN 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Services	PAYROLL DEDUCTION	40.00 (20.00 SEMI-MONTHLY)
DARREL C. BOFAMY 5725 Corporate Way, Ste. 102 West Palm Beach, FL 33407 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Enterprises	PAYROLL DEDUCTION	40.00 (20.00 SEMI-MONTHLY)
GEORGE W. JUZA 7007 Graham Rd. Ste. 200 Indianapolis, IN 46220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Enterprises	PAYROLL DEDUCTION	40.00 (20.00 SEMI-MONTHLY)
KEVIN M. JUER 5776 Stoneridge Mall Rd., Ste 150 Pleasanton, CA 94588 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Enterprises	PAYROLL DEDUCTION	40.00 (20.00 SEMI-MONTHLY)
ALAN E. PAGE 6820 Evangeline Dearborn, MI 48127 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Enterprises	PAYROLL DEDUCTION	27.12 (13.56 SEMI-MONTHLY)

SUBTOTAL of Receipts This Page (optional) 274.62

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11 of 1

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NAME OF COMMITTEE (In Full)

H&R BLOCK POLITICAL ACTION COMMITTEE (BLOCKPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TERRANCE WARD 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB MANAGEMENT, INC. Occupation: Assistant VP	PAYROLL DEDUCTION Aggregate Year-to-Date > \$ 288.00	24.00 (12.00 SEMI-MONTHLY)
VICTORIA HALL 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Services Occupation: VP	PAYROLL DEDUCTION Aggregate Year-to-Date > \$ 240.00	20.00 (10.00 SEMI-MONTHLY)
BARBARA LEBEDUN 4400 Main Kansas City, MO 64111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB MANAGEMENT, INC. Occupation: Pres HR BLOCK FOUNDATION	PAYROLL DEDUCTION Aggregate Year-to-Date > \$ 240.00	20.00 (10.00 SEMI-MONTHLY)
WILLIE McDANIEL 821 Bob Weevil Circle Enterprise, AL 36330 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Enterprises Occupation: Franchise Director	PAYROLL DEDUCTION Aggregate Year-to-Date > \$ 240.00	20.00 (10.00 SEMI-MONTHLY)
ROBERT MORETTI 31 Salsness St Unit 3 Pembroke, MA 02369 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Enterprises Occupation: Assistant Regional Director	PAYROLL DEDUCTION Aggregate Year-to-Date > \$ 240.00	20.00 (10.00 SEMI-MONTHLY)
MARY RENNARD 3899 E 71st St Suite 3A Indianapolis, IN 46220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Enterprises Occupation: Regional Field Director	PAYROLL DEDUCTION Aggregate Year-to-Date > \$ 240.00	20.00 (10.00 SEMI-MONTHLY)
ALBERT ZWONISKA 5401 TOWN DRIVE RD. BALTIMORE, MD 21237 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): NOT SPECIFIED	HRB Services Occupation: Warehouse	PAYROLL DEDUCTION Aggregate Year-to-Date > \$ 240.00	20.00 (10.00 SEMI-MONTHLY)

SUBTOTAL of Receipts This Page (optional)	144.00
TOTAL This Period (last page this line number only)	595.82

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1

FORM LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

H&R BLOCK POLITICAL ACTION COMMITTEE (BLOCKPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BANK OF AMERICA BOX 786 WICHITA, KS 67201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) INTEREST INCOME	N/A Occupation: N/A Aggregate Year-to-Date > \$ 210.81	10.16	10.16
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period 0.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period 0.00

SUBTOTAL of Receipts This Page (optional) 10.16

TOTAL This Period (last page this line number only) 10.16

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

H&R BLOCK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America P O BOX 236 ST LOUIS, MO 63166-0236	BANK SERVICE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	11/28/00 through 12/31/2000	88.58
Bank of America P O BOX 238 ST LOUIS, MO 63166-1238	CHECK ORDER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	11/30/2000	54.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 142.58

TOTAL This Period (last page this line number only) 142.58

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>1-31-01</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Am 13</i> PREPARER	<i>2-2-01</i> DATE PREPARED