FISCA

FINANCIAL SERVICE CENTERS OF AMERICA, INC.
A NATIONAL TRADE ASSOCIATION

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 11 A 10 21

April 5, 2000

Airborne Express

Neil A. Evans
Federal Election Committee
999 W. Street, N.W.
Washington, D.C. 20463

Re: National Check Cashers Association, Inc.
Political Action Committee
ID #CO-0232843

Dear Mr. Evans:

Enclosed please find Report of Receipts and Disbursements (FEC Form 3X) for the reporting period April 15th Quarterly Report for the National Check Cashers Association, Inc., Political Action Committee.

Should you have any questions, please do not hesitate to call me.

Very truly yours,

HENRY F. SHYNE
Executive Director

HFS/lms
Encls.

NATIONAL HEADQUARTERS:
COURT PLAZA NORTH
25 MAIN STREET
P.O. BOX 647
HACKENSACK, NJ 07602
TEL. 201-487-0412
FAX. 201-487-3954

WASHINGTON, D.C. OFFICE:
1730 M STREET
N.W. SUITE 200
WASHINGTON, D.C. 20036
TEL. 202-296-3522
FAX. 202-296-7713

WWW.FISCA.ORG

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 14 A 10: 21

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Check Cashers Association, Inc.
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
Court Plaza North
25 Main Street - P.O. Box 647

CITY, STATE and ZIP CODE
Hackensack, NJ 07602

2. FEC IDENTIFICATION NUMBER
C00232843

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 1/1/00 through 3/31/00		
6. (a) Cash on Hand January 1, ~~19~~ 2000		$ 34,423.16
(b) Cash on Hand at Beginning of Reporting Period	$ 34,423.16	
(c) Total Receipts (from Line 19) *includes $650 not deposited for last period	$ *5,000.00	$ 5,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 39,423.16	$ 34,423.16
7. Total Disbursements (from Line 30)	$ 4,000.00	$ 4,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 35,423.16	$ 34,423.16
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
Henry F. Shyne

Signature of Treasurer
Henry F. Shyne

Date
4/5/00

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)

FEBAN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

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) National Check Cashers Association, Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Medved, P.O. Box 1078, Bellevue, NE 68002 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Midwest Check Cashing / Occupation:	1/1/2000	1,000.00
B. Paul DelBorrello, 325 Chestnut Street #1005, Philadelphia, PA 19106 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Pennsylvania Assn'l of Financial Centers / Occupation:	1/5/00	500.00
C. Sandy Herman, 154 Main Street, Hempstead, NY 11550 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Van Wyck C/C / Occupation: Owner	1/5/00	500.00
D. Adolphus Lester, 4135 Highway 728 N.W., Covington, GA 30209 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Covington Check Cashing / Occupation: Owner	1/13/00	50.00
E. Stuart Tapper, 2917 Bryant Avenue S #5, Minneapolis, MN 55408 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	UnBank Company / Occupation:	1/3/00	800.00
F. Ken Baskett, 8649 W. Franklin Road, Boise, ID 83709 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Checkline, Inc. dba Ship N'Chek / Occupation:	1/18/00	250.00
G. Richard Cothrun, 1705 Pico Blvd, Santa Monica, CA — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Santa Monica Check Cashing / Occupation: Owner	1/3/00	500.00

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) 3,600.00

TOTAL This Period (last page this line number only)

FEB4N12

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) National Check Cashers Association, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Cothrun 2108 Westwood Blvd West Los Angeles, CA	Westwood Check Cashing ETC	1/31/00	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Owner 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
Gary Geller 1532 University Avenue St. Paul, MN 51104	Community Money Centers Inc.	2/9/00	250.00
Receipt For: [ ] Primary [X] 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 [X] 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 [X] 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 [X] 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 [X] 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 [X] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	4,350.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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) National Check Cashers Association, Inc.
Political Action Committee

A. Full Name, Mailing Address and ZIP Code Royce for Congress Campaign P.O. Box 2776 Arlington, VA 22202	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 2/2/00	Amount of Each Disbursement This Period 1000.00
B. Full Name, Mailing Address and ZIP Code Castle Campaign Fund P.O. Box 133 Wilmington, DE 19899	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 2/10/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 2/10/00	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Chafee for Senate 1010 PA Avenue SE Washington, DC 20003	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 2/10/00	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Matthew Martinez Congessional Committee Campaign 2000 P.O. Box 2656 Washington, DC 20013	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [xx] General [ ] Other (specify)	Date (month, day, year) 2/2/00	Amount of Each Disbursement This Period 500.00
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)	4,000.00
TOTAL This Period (last page this line number only)	

FEB/04/21