REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 31 P 4:16

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

America Works Committee

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

607 14th Street, NW, Suite 800

CITY, STATE and ZIP CODE

Washington, DC 20005

2. FEC IDENTIFICATION NUMBER

C00331696

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 7/1/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 6,666.35
(b) Cash on Hand at Beginning of Reporting Period	$ 5,163.30	
(c) Total Receipts (from Line 19)	$ 53,000.00	$ 53,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 58,163.30	$ 59,666.35
7. Total Disbursements (from Line 30)	$ 2,646.57	$ 4,149.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 55,516.73	$ 55,516.73
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 202-219-3420

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
Steven Janik

Signature of Treasurer

Date 1/27/00

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 3/93)

FE6-NT 35

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

(revised 1/1/91)

NAME OF COMMITTEE: America Works Committee

REPORT COVERING PERIOD FROM 7/1/99 TO: 12/31/99

	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)	19,000.00	19,000.00	11
ii. Unitemized	0	0	11
iii. Total (add i and ii) ➤	19,000.00	19,000.00	11
b. Political Party Committees	0	0	11
c. Other Political Committees (such as PACs)	34,000.00	34,000.00	11
d. Total Contributions (add a iii, b and c) ➤	53,000.00	53,000.00	11
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	53,000.00	53,000.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	53,000.00	53,000.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21
ii. Non-Federal Share	0	0	21
b. Other Federal Operating Expenditures	1,646.57	3,149.62	21
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1,646.57	3,149.62	21
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28
b. Political Party Committees	0	0	28
c. Other Political Committees (such as PACs)	0	0	28
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,646.57	4,149.62	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,646.57	4,149.62	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	53,000.00	53,000.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	53,000.00	53,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1,646.57	3,149.62	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1,646.57	3,149.62	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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)

America Works Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Janik & Forbes 8223 Brecksville Road Cleveland, OH 44141 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Partnership (See Below) Occupation: Aggregate Year-to-Date > $ 1000.00	8/30/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Janik 8223 Brecksville Road Cleveland, OH 44141 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Janik & Forbes Occupation: Partner Aggregate Year-to-Date > $ 1,000.00	8/30/99	1,000.00 Memo Partnership Allocation
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John S. Kleshinski 128 Myrtle Street Boston, MA 02114 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Merck-Medco Occupation: Vice President Aggregate Year-to-Date > $ 5,000.00	8/30/99	5,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michel Abboud 4678 Derbyshire North Randall, OH 44128 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	National Arab American Business Assoc. Occupation: President Aggregate Year-to-Date > $ 5,000.00	8/30/99	5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert D. Marotta 2294 Club Road Columbus, OH 43221 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Medco Containment Serv. Inc. Occupation: Senior Vice President Aggregate Year-to-Date > $ 1,000.00	9/28/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joseph S. Kunfer P.O. Box 991 Akron, OH 44309 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	GoJo Industries Inc. Occupation: President Aggregate Year-to-Date > $ 5,000.00	10/1/99 10/1/99	2,000.00 3,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Byron S. Krantz 1375 East Ninth Street, 20th Floor Cleveland, OH 44114 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Kohrman, Jackson and Krantz, P.L.L. Occupation: Partner Aggregate Year-to-Date > $ 2,000.00	11/30/99	2,000.00

SUBTOTAL of Receipts This Page (optional)	19,000.00
TOTAL This Period (last page this line number only)	19,000.00

FEC/AN 135

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11c

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)

America Works Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Inva PAC One Invacare Way Elyria, OH 44035 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00	8/30/99	5,000.00
EYEPAC-PAC for American Society of Cataract & Refractive Surgery 4000 Legate Road, Suite 850 Fairfax, VA 22033 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00	10/7/99	5,000.00
CWA-COPE PAC 501 Third Street, NW Washington, DC 20001 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00	11/1/99	5,000.00
IBEW-COPE 1125 15th Street, NW Washington, DC 20005 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00	11/10/99	5,000.00
American Hospital Association PAC 325 Seventh Street, NW Washington, DC 20004 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000.00	12/21/99	2,000.00
American Association of Nurse Anesthetists CRNA PAC 412 First Street, SE, Suite 12 Washington, DC 20003 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000.00	12/16/99 12/27/99	1,000.00 1,000.00
AFSCME PEOPLE 1625 L Street, NW Washington, DC 20036 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00	12/30/99	5,000.00

SUBTOTAL of Receipts This Page (optional) 29,000.00

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 2 OF 2

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

America Works Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Machinists Non-Partisan Political League 9000 Machinists Place Upper Marlboro, MD 20772		12/29/99	5,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	34,000.00

FEEAN 105

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)

America Works Committee

A. 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
Perkins Coie LLP 607 14th Street, NW, Suite 800 Washington, DC 20005	Legal and Accounting Services	7/8/99 8/18/99 9/15/99	120.78 200.30 205.83
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Perkins Coie LLP 607 14th Street, NW, Suite 800 Washington, DC 20005	Legal and Accounting Services	10/19/99 11/12/99 11/30/99	229.60 170.66 239.40
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
Ameritech 45 Erieview Plaza Cleveland, OH 44114	Event Tickets	8/16/99	480.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
H. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**
I. Full Name, Mailing Address and ZIP Code	**Name of Employer / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement this Period**

SUBTOTAL of Receipts This Page (optional)	1,646.57
TOTAL This Period (last page this line number only)	1,646.57

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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 23

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NAME OF COMMITTEE (in Full)

America Works Committee

A. Full Name, Mailing Address and ZIP Code Susan Davis for Congress 144 West D Street Encinitas, CA 92024	Purpose of Disbursement Contribution (CA-49) Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/21/99	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Name of Employer Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

FE6AN195

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 1-31-00
☐	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	1-31-00 DATE PREPARED

(4/98)