# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE
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1. NAME OF COMMITTEE (in full): Friends for Harry Reid

ADDRESS (number and street): P.O. Box 85223

CITY, STATE, and ZIP CODE: Las Vegas, NV 89185

2. FEC IDENTIFICATION NUMBER: C00204370

3. IS THIS REPORT AN AMENDMENT? ☒ Yes ☐ No

## 4. TYPE OF REPORT

- ☐ 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)
- ☐ Twelfth day report preceding _____ election on _____ in the State of _____
- ☐ Thirtieth day report following a General Election _____ in the State of _____
- ☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

5. Covering period 7/1/00 through 12/31/00

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(a)) | $167,050.00 | $268,168.75 |
| (b) Total Contribution Refunds (from Line 20(d)) | $0.00 | $4,500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6 (b) from 6(a)) | $167,050.00 | $263,668.75 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | $7,996.76 | $30,557.87 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | $704.95 | $1,726.85 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | $7,291.81 | $28,831.02 |
| 8. Cash on Hand at Close of Reporting Period | $235,751.50 | |
| 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 202-376-3120

*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: Maile Reid, Assistant Treasurer

Signature of Treasurer: Maile Reid

Date: 07-05-01

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

**FEC FORM 3**

(Revised 4/87)