

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2003 APR 19 A 10:15

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. C00210344 030800 P  
JOSEPH B WISNIEWSKI JR  
EIGHTH DISTRICT DEMOCRATIC COM  
MITTEE  
PO BOX 152  
SPRINGFIELD VA 22150

2. FEC IDENTIFICATION NUMBER  
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:

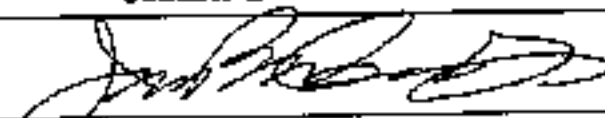
- February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- 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 <u>01/01/00</u> through <u>03/31/00</u>		
6. (a) Cash on Hand January 1, <del>2000</del>		\$ 1333.19
(b) Cash on Hand at Beginning of Reporting Period	\$ 1333.19	
(c) Total Receipts (from Line 19)	\$ 1000.00	\$ 1000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 2333.19	\$ 2333.19
7. Total Disbursements (from Line 20)	\$ 195.60	\$ 195.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2137.59	\$ 2137.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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: JOSEPH B WISNIEWSKI JR  
 Signature of Treasurer:   
 Date: 04/15/00

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

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FEC FORM 3X  
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>EIGHTH DISTRICT DEMOCRATIC COMMITTEE (VA)</b>		REPORT COVERING PERIOD FROM <b>01/01/00</b> TO: <b>03/31/00</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A) .....			11(a)(ii)
ii. Unitemized .....			11(a)(iii)
iii. Total .....	(add i and ii) >		11(b)
b. Political Party Committees .....		1000.00	11(c)
c. Other Political Committees (such as PACs) .....		1000.00	11(d)
d. Total Contributions .....	(add a iii, b and c) >		12
12. Transfers From Affiliated/Other Party Committees .....			13
13. All Loans Received .....			14
14. Loan Repayments Received .....			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			17
17. Other Federal Receipts (Dividends, Interest, etc.) .....			18
18. Transfers from Nonfederal Account for Joint Activity .....		1000.00	19
19. Total Receipts .....	(add 11d, 12, 13, 14, 16, 17, and 18) >	1000.00	20
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	1000.00	
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share .....			21(a)(ii)
ii. Non-Federal Share .....			21(b)
b. Other Federal Operating Expenditures .....			21(c)
c. Total Operating Expenditures .....	(add a i, a ii, and b) >		22
22. Transfers to Affiliated/Other Party Committees .....			23
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			24
24. Independent Expenditures (use Schedule E) .....			25
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F) ..			26
26. Loan Repayments Made .....			27
27. Loans Made .....			
28. Refunds of Contributions To:			
a. Individual/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 .....		195.60	29
30. Total Disbursements .....	(add 21c, 22, 23, 24, 26, 27, 28d, and 29) >	195.60	30
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >		31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....		1000.00	32
33. Total Contribution Refunds (from line 28d) .....		0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		1000.00	34
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >	0	35
36. Offsets to Operating Expenditures (from line 15) .....		0	36
37. Net Operating Expenditures .....	(subtract line 36 from 35) >	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
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)**  
EIGHTH DISTRICT DEMOCRATIC COMMITTEE (VA)

<p><b>A. Full Name, Mailing Address and ZIP Code</b> The New Democratic Network 501 Capital Ct Suite 200 Washington DC 20002</p> <p>Receipt For: 1999 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Fund Raiser</p>	<p>Name of Employer PAC</p> <p>Occupation PAC</p> <p>Aggregate Year-to-Date &gt; \$ 1000.00</p>	<p>Date (month, day, year) 01/11/00</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	
<p>TOTAL This Period (last page this line number only) .....</p>	<p>1000.00</p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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)

**EIGHTH DISTRICT DEMOCRATIC COMMITTEE (VA)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ABC Imaging Inc PO Box 33607 Washington DC 20033-0607	Copy Service 1999 Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Fund Raiser	01/10/00	170.26
B. Full Name, Mailing Address and ZIP Code Margo Horner 3057 S Buchanan St #B2	Reimburse (Fed) Admin expense (Chair) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/21/00	25.34
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) .....

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

195.60

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

NAME OF COMMITTEE

EIGHTH DISTRICT DEMOCRATIC COMMITTEE (VA)

**NATIONAL PARTY COMMITTEES**

**FIXED FEDERAL PERCENTAGE** (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) .....  %  
 PRESIDENTIAL YEAR (65%)  
 ALL OTHER YEARS (80%)

**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 ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
2. U.S. SENATE ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
3. U.S. CONGRESS ..... <input checked="" type="checkbox"/> (1 POINT) .....	1
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....	3
5. GOVERNOR ..... <input type="checkbox"/> (1 POINT) .....	
6. OTHER STATEWIDE OFFICE(S) ..... <input type="checkbox"/> (1 OR 2 POINTS) .....	
7. STATE SENATE ..... <input type="checkbox"/> (1 POINT) .....	
8. STATE REPRESENTATIVE ..... <input type="checkbox"/> (1 POINT) .....	
9. LOCAL CANDIDATES ..... <input type="checkbox"/> (1 OR 2 POINTS) .....	
10. EXTRA NON-FEDERAL POINT ..... <input type="checkbox"/> (1 POINT) .....	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....	0
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....	3

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

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 4-17-00
<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	
<u>Y.C.</u>	<u>4-19-00</u>
PREPARER	DATE PREPARED