

WATKINS ASSOCIATED INDUSTRIES, INC.

P. O. BOX 1738
ATLANTA, GEORGIA 30301

EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC.
404 872-3841

August 31, 2000

Federal Election Commission
Public Records Office
999 E St NW
Washington DC 20463

Attn: Andrea Wilkins, Sr. Reports Analyst
Reports Analysis Division

RE: ID #C00142307
Year End Report (7/1/89-12/31/99)

Per your request of August 23, 2000, enclosed is our amended report for year end 12-31-99.

Sincerely,



T. R. Wade
Treasurer

TRW:ras
Enclosure

RECEIVED
FEC MAIL ROOM
2000 SEP -5 P 1:34

"WATKINS PAC"

BILL WATKINS, CHAIRMAN - GEORGE WATKINS, PRESIDENT - T. R. WADE, SECRETARY/TREASURER



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

T. R. Wade, Treasurer
Watkins Associated Industries Inc.
Employees for Good Government
Committee (WATKINS - PAC)
P.O. Box 1738
Atlanta, GA 30301

AUG 23 2000

Identification Number: C00142307

Reference: Year End Report (7/1/99-12/31/99)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

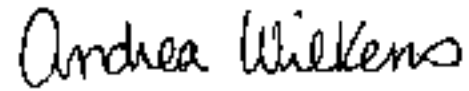
-Your calculations for Line 31, Column B appear to be incorrect. FEC calculations disclose this amount(s) to be \$35,524. Please provide the corrected total(s) on the Detailed Summary Page.

Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions to non-federal candidates/committees should be properly disclosed on a separate Schedule B (if applicable), supporting Line 29 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports

Analysis Division). My local number is (202) 694-1130.

Sincerely,

Handwritten signature of Andrea Wilkens in cursive script.

Andrea Wilkens
Senior Reports Analyst
Reports Analysis Division

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2008 SEP -5 P 1:34

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) WATKINS ASSOCIATED INDUSTRIES, INC. Employees for Good Government Comm., Inc. WATKINS PAC	2. FEC IDENTIFICATION NUMBER C00142307
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P O Box 1738	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE ATLANTA GA 30301	

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 <u>7-1-99</u> through <u>12-31-99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 101,041.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 84,632.50	
(c) Total Receipts (from Line 19)	\$ 28,424.45	\$ 31,539.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 113,056.95	\$ 132,580.95
7. Total Disbursements (from Line 20)	\$ 16,000.00	\$ 35,524.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 97,056.95	\$ 97,056.95
9. Debts and Obligations Owed TO 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 20483 Toll Free 800-424-9680 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
T. R. Wade

Signature of Treasurer



Date

8-31-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE **WATKINS ASSOCIATED INDUSTRIES, INC.
EMPLOYEES FOR GOV'T GOVERNMENT COMMITTEES, INC (WATKINS PA**

REPORT COVERING PERIOD

FROM **1-1-99**

TO **12-31-99**

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	26,425.00	27,025.00	11(b)(1)
ii.	Unitemized	355.32	1,815.88	11(a)(1)
iii.	Total (add i and ii) >	26,780.32	28,840.88	11(a)(1)(i)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a, b and c) >	26,780.32	28,840.88	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 (Hotels, Meals, Etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	1,644.13	2,698.92	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	28,424.45	31,539.80	19
20.	Total Federal Receipts (subtract line 18 from line 19) >			20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share			21(a)(1)
ii.	Non-Federal Share		1,024.00	21(b)
b.	Other Federal Operating Expenditures		1,024.00	21(c)
c.	Total Operating Expenditures (add a, i, and b) >			22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	16,000.00	34,500.00	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(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees			28(c)
b.	Political Party Committees			28(d)
c.	Other Political Committees (such as PACs)			28(e)
d.	Total Contribution Refunds (add a, b and c) >			29
29.	Other Disbursements			30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,000.00	35,524.00	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,000.00	35,524.00	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	26,780.32	28,840.88	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	26,780.32	28,840.88	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	1,024.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	1,024.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (In Full) WATKINS ASSOCIATED INDUSTRIES, INC., EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Miller 1232 Stratton Ct. W Lakeland FL 33813	Watkins Motor Lines Inc.	12-13-99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. VP Corp. Dev.	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Newhouse 2429 Hollingsworth Hill Lakeland FL 33803	Watkins Motor Lines Inc.	12-13-99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Human Resources	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gregory Slavik 1808 Baltusrol Ct. Lakeland FL 33803	Watkins Motor Lines Inc.	12-13-99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Sobecki 1829 Baltusrol Ct. Lakeland FL 33803	Watkins Motor Lines Inc.	12-13-99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. VP - Sales	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D. Summers 2204 Cambridge Ave. Lakeland FL 33803	Watkins Motor Lines Inc.	12-13-99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. MIS Strat. Plng.	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt This Period
Robert K. Simons 633 Eagle Run Lakeland FL 33809	Watkins Motor Lines Inc.	12-13-99	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec. VP - Operations	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fred Littlejohn 1001 N. I-85 Access Rd Charlotte NC 28216	Watkins Motor Lines Inc.	12-13-99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Southern Region	Aggregate Year-to-Date > \$ 225.00	

GRAND TOTAL of Receipts This Page (optional) 1,425.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11, a, 1

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NAME OF COMMITTEE (In Full) **WATKINS ASSOCIATED INDUSTRIES, INC., EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. A. Freeman 2083 Gunstock Dr. Stone Mountain GA 30087	Watkins Assoc, Ind. Inc. Occupation: President	11-18-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Watkins P O Box 95002 Lakeland FL 33804-5002	Watkins Motor Lines Inc. Occupation: President	11-22-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year to Date > \$	5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. B. Watkins IV P O Box 95002 Lakeland FL 33804-5002	Watkins Motor Lines Inc. Occupation: Chairman	11-22-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kimberly Watkins 1410 Summit Rd Alpharetta GA 30078	Milwat Properties Inc Occupation: Exec. V.P.	11-19-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Watkins P O Box 3709 Lakeland FL 33802-3709	Tampa Maid Foods, Inc. Occupation: President	11-30-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 25,000.00
TOTAL This Period (last page this line number only) 26,425.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) **WATKINS ASSOCIATED INDUSTRIES, INC., EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bank of America P O Box 4899 Atlanta GA 30307-4899	Money Market Acct. #838410	12-31-99	1,644.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Interest Earned		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,698.92		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,644.13

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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) WATKINS ASSOCIATED INDUSTRIES, INC., EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FISHPAC 1901 N Ft Meyer Dr S/700 Arlington VA 22209	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-16-99	1,000.00
B. Full Name, Mailing Address and ZIP Code Nathan Deal for Congress P O Box 902 Gainesville GA 30503	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-99	2,000.00
C. Full Name, Mailing Address and ZIP Code Georgians for Isakson P O Box 71955 Marietta GA 30007-1955	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-99	2,000.00
D. Full Name, Mailing Address and ZIP Code Mac Collins for Congress P O Box 25 Jonesboro GA 30237	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-5-99	2,500.00
E. Full Name, Mailing Address and ZIP Code Saxby Chambliss for Congress P O Box 4084 Macon GA 31208	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-5-99	1,000.00
F. Full Name, Mailing Address and ZIP Code CA Truck PAC 1280 W Peachtree St NW S/300 Atlanta GA 30309	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-5-99	1,000.00
G. Full Name, Mailing Address and ZIP Code G-8 PAC 6000 Lake Forrest Dr. S/110 Atlanta GA 30328	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-5-99	2,500.00
H. Full Name, Mailing Address and ZIP Code McGain 2000 Inc. 735 N St. Asaph St. Alexandria VA 22314	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-5-99	1,500.00
I. Full Name, Mailing Address and ZIP Code Bill McCollum - U.S. Senate P O Box 532015 Orlando FL 32853-9764	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-5-99	2,500.00

SUBTOTAL of Disbursements this Page (optional)

TOTAL This Period (last page this line number only)

16,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 b.

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NAME OF COMMITTEE (in Full) **WATKINS ASSOCIATED INDUSTRIES, INC., EMPLOYEES FOR GOOD GOVERNMENT COMMITTEE, INC. (WATKINS PAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank of Georgia Tax Depository Account P O Box 4899 Atlanta GA 30302-4899	1998 Federal Tax for Interest Earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-11-99	874.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Georgia Income Tax Division P O Box 740397 Atlanta GA 30374-0397	1998 State Tax on Interest Earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-11-99	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,024.00

**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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 8/31/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>J.A.Q.</u> PREPARER	<u>9/5/00</u> DATE PREPARED