

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
C00091561 121499
F 266MR CHARLES L FALLIS
NATIONAL ASSOCIATION OF RETIRE
D FEDERAL EMPLOYEES POLITICAL
606 NORTH WASHINGTON STREET
ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER
C00091561

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

2000 FEB -2 P 1:50

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>July 1, 1999</u> through <u>Dec. 31, 1999</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 1,065,452.27
(b)	Cash on Hand at Beginning of Reporting Period	\$ 985,402.82	
(c)	Total Receipts (from Line 18)	\$ 52,224.09	\$ 138,842.18
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1,037,626.91	\$ 1,204,294.45
7.	Total Disbursements (from Line 30)	\$ 135,396.65	\$ 302,064.19
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 902,230.26	\$ 902,230.26
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 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 23,246.76	

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
Charles L. Fallis, National Treasurer

Signature of Treasurer
C. L. Fallis

Date
01-28-00

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 9/03)

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

(revised 1/1/81)

NAME OF COMMITTEE National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)		REPORT COVERING PERIOD FROM 07-01-99 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		600.00	1,600.00
i. Itemized (use Schedule A)		26,811.05	94,244.69
ii. Unitemized		27,411.05	95,844.69
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a, b, c and d) >		27,411.05	95,844.69
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		24,813.04	42,997.49
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		52,224.09	138,842.18
20. Total Federal Receipts (subtract line 18 from line 19) >		52,224.09	138,842.18
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		6,881.65	28,943.19
b. Other Federal Operating Expenditures		6,881.65	28,943.19
c. Total Operating Expenditures (add a, i, ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		128,500.00	273,000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:		15.00	121.00
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)		15.00	121.00
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		135,396.65	302,064.19
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		135,396.65	302,064.19
31. Total Federal Disbursements (subtract line 21 a b from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		27,411.05	95,844.69
33. Total Contribution Refunds (from line 28d)		15.00	121.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		27,396.05	95,723.69
35. Total Federal Operating Expenditures (add 21 a, i and 21 b) >		6,881.65	28,943.19
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		6,881.65	28,943.19

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11a (1)

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 Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

<p>A. Full Name, Mailing Address and ZIP Code Frank D. Young 3008 NE 164th St. Ridgefield, WA 98642-7951</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 11-22-99</p>	<p>Amount of Each Receipt this Period \$ 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Duane C. Leiter 9115 Acuff Lane Lenexa, KS 66215-3058</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 11-22-99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Louis K. Bangma 350 Windermere Blvd. Alexandria, LA 71303-3554</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year) 10-19-99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Union Bank 1350 Connecticut Ave., NW Washington, DC 20034	Interest Income	07-31-99	\$ 1,937.00
		08-31-99	2,096.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09-30-99	2,054.21
	Aggregate Year-to-Date	10-31-99	1,992.09
B. Full Name, Mailing Address and ZIP Code First Union Bank (Cont'd)	Interest Income	11-30-99	2,294.02
		12-31-99	2,185.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 23,381.74	
	Aggregate Year-to-Date > \$ 23,381.74		
C. Full Name, Mailing Address and ZIP Code U.S. Treasury Bureau of the Public Debt Washington, DC 20013	Interest Income	12-31-99	8,205.00
	Occupation	Aggregate Year-to-Date > \$ 5,567.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,567.00		
	Aggregate Year-to-Date > \$ 5,567.00		
D. Full Name, Mailing Address and ZIP Code Virginia Dept. Of Taxation PO Box 1500	1998 Tax Refund	09-09-99	4,048.75
	Occupation	Aggregate Year-to-Date > \$ 4,048.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,048.75		
	Aggregate Year-to-Date > \$ 4,048.75		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
	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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
	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
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$24,813.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER
21B

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 Association of Retired Federal Employees Political Action Committee (NARPE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union Bank 1350 Connecticut Avenue NW Washington, DC 20036	Service Charge	07-31-99	\$ 65.02
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	08-31-99	48.82
	<input checked="" type="checkbox"/> Other (specify)	09-30-99	53.25
B. Full Name, Mailing Address and ZIP Code First Union Bank (Cont'd)	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10-31-99	45.91
	<input type="checkbox"/> Other (specify)	11-30-99	43.65
C. Full Name, Mailing Address and ZIP Code Bank of America 3 Dupont Circle NW Washington, DC 20036	Service Charge	07-31-99	201.09
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	08-31-99	279.31
	<input checked="" type="checkbox"/> Other (specify)	09-30-99	22.89
D. Full Name, Mailing Address and ZIP Code Bank of America (Cont'd)	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10-31-99	40.30
	<input type="checkbox"/> Other (specify)	11-30-99	77.90
E. Full Name, Mailing Address and ZIP Code Internal Revenue Service Center Philadelphia, PA 19255	3rd Qtr. Est. Tax	09-14-99	1,000.00
	4th Qtr. Est. Tax	12-07-99	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
F. Full Name, Mailing Address and ZIP Code Virginia Dept. of Taxation PO Box 1500 Richmond, VA 23218-1500	3rd Qtr. Est. Tax	09-14-99	500.00
	4th Qtr. Est. Tax	12-07-99	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
G. Full Name, Mailing Address and ZIP Code Pitney Bowes PO Box 85390 Louisville, KY	Meter Rental	09-03-99	308.24
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12-07-99	308.24
	<input checked="" type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Vocus Inc. 4325 Forbes Blvd. Lanham, MD 20706	Software	10-12-99	250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code U.S. Postal Service Alexandria, VA 22314	Postage	10-06-99	2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$ 6,800.45

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21B

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 Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Advantage PO Box 2018 Merrifield, VA 22116-2018	Publication Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12-15-99	\$ 81.20
B. 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
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)	81.20
TOTAL This Period (last page this line number only)	\$6,881.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9
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)

National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baldacci For Congress PO Box 623 Bangor, ME 04402	Contribution (ME-D) Rep. John Baldacci Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-99	\$ 1,000.00
Barcia For Congress PO Box 1243 Bay City, MI 48706	Contribution (MI-D) Rep. James Barcia Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-99	1,000.00
Gallegly For Congress PO Box 940001 Simi Valley, CA 93094-0001	Contribution (CA-R) Rep. Elton Gallegly Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-99	1,000.00
Kildee For Congress Committee PO Box 317 Flint, MI 48501	Contribution (MI-D) Rep. Dale Kildee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-99	3,500.00
Matthew Martinez Congressional Committee PO Box 723 Alhambra, CA 91802	Contribution (CA-D) Rep. Matthew Martinez Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-99	2,000.00
Moran For Congress 1225 19th Street, NW, 5th Floor Washington, DC 20036	Contribution (VA-D) Rep. James Moran Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-99	3,500.00
Woolsey For Congress PO Box 750176 Petaluma, CA 94975	Contribution (CA-D) Rep. Lynn Woolsey Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-99	2,000.00
Friends Of Joe Baca PO Box 362 San Bernadino, CA 92404	Contribution Cand. Joe Baca (CA-D) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) house Special	11-8-99	4,000.00
Abercrombie For Congress PO Box 2884 Washington, DC 20013	Contribution (RI-D) Rep. Neil Abercrombie Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 20,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 9
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)
National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution (NJ-D) Rep. Rob Andrews	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews For Congress PO Box 295 Oaklyn, NJ 08107	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Roy Blunt PO Box 278 Strafford, MO 65757	Purpose of Disbursement Contribution (MO-R) Rep. Roy Blunt	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
C. Full Name, Mailing Address and ZIP Code Congressman Bob Clement Committee 998 N Royal Street Alexandria, VA 22314	Purpose of Disbursement Contribution (TN-D) Rep. Bob Clement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
D. Full Name, Mailing Address and ZIP Code Crowley For Congress 84-56 Grand Ave. Elmhurst, NY 11373	Purpose of Disbursement Contribution (NY-D) Rep. Joseph Crowley	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
E. Full Name, Mailing Address and ZIP Code Tom Davis For Congress Committee PO Box 483 Dunn Loring, VA 22027	Purpose of Disbursement Contribution (VA-R) Rep. Tom Davis	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
F. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee PO Box 4219 Dallas, TX 75208-0219	Purpose of Disbursement Contribution (TX-D) Rep. Martin Frost	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	4,000.00
G. Full Name, Mailing Address and ZIP Code Citizens For Gilman PO Box 3001 Middletown, NY 10940	Purpose of Disbursement Contribution (NY-R) Rep. Ben Gilman	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
H. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee PO Box 2008 Murfreesboro, TN 37133	Purpose of Disbursement Contribution (TN-D) Rep. Bart Gordon	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
I. Full Name, Mailing Address and ZIP Code Mark Green For Congress PO Box 12571 Green Bay, WI 54307	Purpose of Disbursement Contribution (WI-R) Rep. Mark Green	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	500.00

SUBTOTAL of Disbursements This Page (optional)

\$ 17,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens For Tony Hall PO Box E, Mid City Station Dayton, OH 45402	Contribution (OH-D) Rep. Tony Hall Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	\$ 3,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Baron Hill c/o Ryan Guthrie 1701 N. Kent, Apt 1008 Arlington, VA 22209	Contribution (IN-D) Rep. Baron Hill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
C. Full Name, Mailing Address and ZIP Code Hoeffel For Congress 23 West Airy Street Norristown, PA 19401	Contribution (PA-D) Rep. Joe Hoeffel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
D. Full Name, Mailing Address and ZIP Code Rush Holt For Congress PO Box 782 Pennington, NJ 07534	Contribution Rep. Rush Holt (NJ-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	3,000.00
E. Full Name, Mailing Address and ZIP Code Darlene Hooley For Congress 38 Ivy Street, SE Washington, DC 20003	Contribution (OR-D) Rep. Darlene Hooley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
F. Full Name, Mailing Address and ZIP Code Lampson For Congress 2000 38 Ivy Street, SE Washington, DC 20003	Contribution (TX-D) Rep. Nick Lampson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
G. Full Name, Mailing Address and ZIP Code Re-Elect Barbara Lee For Congress PO Box 29164 Oakland, CA 94604	Contribution Rep. Barbara Lee (CA-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00
H. Full Name, Mailing Address and ZIP Code Levin For Congress PO Box 1092 Warren, MI 48090	Contribution (MI-D) Rep. Sandy Levin Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00
I. Full Name, Mailing Address and ZIP Code Luther For Congress Volunteer Committee 1399 Geneva Ave., N, Suite 202 Oakdale, MN 55128	Contribution (MN-D) Rep. Bill Luther Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$ 17,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 9

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)
National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mascara For Congress PO Box 1109 Washington, PA 15301	Contribution (PA-D) Rep. Frank Mascara Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	\$ 2,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Carolyn McCarthy 38 Ivy Street Washington, DC 20003	Contribution (NY-D) Rep. Carolyn McCarthy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
C. Full Name, Mailing Address and ZIP Code Patsy T. Mink Campaign Committee c/o Steve Lewis 14300 Duckett Rd. Brandywine, MD 20613	Contribution (HI-D) Rep. Patsy Mink Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
D. Full Name, Mailing Address and ZIP Code Moran For Congress 1225 19th St., NW, Suite 500 Washington, DC 20036	Contribution (VA-D) Rep. Jim Moran Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,500.00
E. Full Name, Mailing Address and ZIP Code Ortiz For Congress Committee PO Box 7806 Corpus Christi, TX 78467	Contribution (TX-D) Rep. Solomon Ortiz Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00
F. Full Name, Mailing Address and ZIP Code Pallone For Congress PO Box 3176 Long Branch, NJ 07740	Contribution (NJ-D) Rep. Frank Pallone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
G. Full Name, Mailing Address and ZIP Code Steve Rothman For Congress, Inc PO Box 714 Hackensack, NJ 07602	Contribution (NJ-D) Rep. Steve Rothman Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton PO Box 795 Mt. Holly, NJ 08060	Contribution (NJ-R) Rep. Jim Saxton Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
I. Full Name, Mailing Address and ZIP Code Sherman For Congress 21755 Ventura Boulevard, Box 193 Woodland Hills, CA 91364	Contribution (CA-D) Rep. Brad Sherman Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 16,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 9

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)
National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Smith For U.S. Congress 2620 174th Ave., NE Redmond, WA 98052	Contribution (WA-D) Rep. Adam Smith Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	\$ 2,000.00
Loy Sneary For Congress PO Box 187 Bay City, TX 77404	Contribution (TX-D) Cand. Loy Sneary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00
Stupak For Congress 817 Ninth Avenue, PO Box 143 Menominee, MI 49858	Contribution (MI-D) Rep. Bart Stupak Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00
Volunteers For Vento PO Box 65254 St. Paul, MN 55165	Contribution (MN-D) Rep. Bruce Vento Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
Friends of Weiner c/o Williams 565 Fifth Street Brooklyn, NY 11215	Contribution (NY-D) Rep. Anthony Weiner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00
Friends of Frank Wolf PO Box 6596 McLean, VA 22106	Contribution (VA-R) Rep. Frank Wolf Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
A Lot Of People Who Support Jeff Bingaman 236 Massachusetts Ave., NE #202 Washington, DC 20002	Contribution (NM-D) Sen. Jeff Bingaman Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	2,000.00
Stabenow For US Senate PO Box 4945 East Lansing, MI 48826	Contribution (MI-D) Cand. Debbie Stabenow Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-99	1,000.00
Allen For Congress c/o Lori LaFave 6282 Occoquan Forest Dr. Manassas, VA 20112	Contribution Rep. Tom Allen (ME-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 14,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Bentsen, Jr. For Congress Committee PO Box 75214 Washington, DC 20013-5214	Contribution (TX-D) Rep. Ken Bentsen Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	\$ 1,000.00
Berkley 2000 PO Box 2884 Washington, DC 20013	Contribution (NV-D) Rep. Shelley Berkley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00
Friends of Sherrod Brown PO Box 2884 Washington, DC 20013	Contribution (OH-D) Rep. Sherrod Brown Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
Casey For Congress Committee PO Box 1494 Scranton, PA 18501	Contribution (PA-D) Cand. Pat Casey Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
Chet Edwards For Congress PO Box 233273 Waco, TX 76702-3273	Contribution (TX-D) Rep. Chet Edwards Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00
Team Emerson PO Box 16021 Alexandria, VA 22302	Contribution (MO-R) Rep. Jo Ann Emerson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
Friends of Foley PO Box 3505 Palm Beach Gardens, FL 33420	Contribution (FL-R) Rep. Mark Foley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00
Friends of Mike Forbes PO Box 75214 Washington, DC 20013-5214	Contribution (NY-D) Rep. Mike Forbes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	3,000.00
Hastings For Congress Committee PO Box 9352 Fort Lauderdale, FL 33310	Contribution (FL-D) Rep. Alcee Hastings Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00

SUBTOTAL of Disbursements This Page (optional)	\$ 15,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 9
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)
National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J.D. Hayworth For Congress Committee 4451 Brookfield Corporate Dr. #200 Chantilly, VA 22021	Contribution (AZ-R) Rep. J.D. Hayworth Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Hoyer For Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Contribution (MD-D) Rep. Steny Hoyer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	3,000.00
C. Full Name, Mailing Address and ZIP Code Inslee For Congress PO Box 33027 Seattle, WA 98133	Contribution (WA-D) Rep. Jay Inslee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
D. Full Name, Mailing Address and ZIP Code Sheila Jackson Lee For Congress 3401 LaBranch Houston, TX 77004	Contribution (TX-D) Rep. Sheila Jackson Lee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
E. Full Name, Mailing Address and ZIP Code Nancy Keenan For Montana PO Box 9249 Helena, MT 59406	Contribution (MT-D) Cand. Nancy Keenan Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
F. Full Name, Mailing Address and ZIP Code Larson For Congress c/o Lori LaFave 6282 Occoquan Forest Dr. Manassas, VA 20112	Contribution (CT-D) Rep. John Larson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 20 East Main Street, Suite 235 Waterbury, CT 06702	Contribution (CT-D) Rep. Jim Maloney Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,500.00
H. Full Name, Mailing Address and ZIP Code Karen McCarthy For Congress PO Box 2884 Washington, DC 20013	Contribution (MO-D) Rep. Karen McCarthy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00
I. Full Name, Mailing Address and ZIP Code Re-Elect McGovern Committee PO Box 60405 Worcester, MA 01606-0405	Contribution (MA-D) Rep. Jim McGovern Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00

SUBTOTAL of Disbursements This Page (optional) \$ 13,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 9
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)
National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Congressman Joe Moakley Committee PO Box 1073 Boston, MA 02205	Contribution (MA-D) Rep. Joe Moakley Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	\$ 2,000.00
Dennis Moore For Congress 442 New Jersey Ave., SE, #250 Washington, DC 20003	Contribution (KS-D) Rep. Dennis Moore Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00
Friends of Connie Morella 7101 Wisconsin Ave. Bethesda, MD 20814	Contribution (MD-R) Rep. Connie Morella Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	3,000.00
Citizens For John Olver For Congress 38 Ivy Street, SE Washington, DC 20003	Contribution (MA-D) Rep. John Olver Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00
Pascrell For Congress 38 Ivy Street, SE Washington, DC 20003	Contribution (NJ-D) Rep. Bill Pascrell Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	\$ 2,000.00
Shadegg For Congress c/o Epiphany Productions 2016 Mt. Vernon Ave., 3rd Floor Alexandria, VA 22301	Contribution (AZ-R) Rep. John Shadegg Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
Mike Taylor For Congress 38 Ivy Street, SE Washington, DC 20003	Contribution (NC-D) Cand. Mike Taylor Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,500.00
Friends Of J.C. Watts 4451 Brookfield Corporate Dr., #200 Chantilly, VA 22021	Contribution (OK-R) Rep. J.C. Watts Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	1,000.00
Jim Turner For Congress 205 C Street, SE Washington, DC 20003	Contribution (TX-D) Rep. Jim Turner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-20-99	2,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 17,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9
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)
National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kennedy For Senate 426 C Street, Northeast-Rear Bldg. Washington, DC 20002	Contribution (MA-D) Sen. Edward Kennedy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-21-99	\$ 5,000.00
Committee To Elect Nydia Valazquez To Congress 1411 Avenue V #26 Brooklyn, NY 11229	Outstanding CK-Write Off Rep. Nydia Valazquez (NY-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-28-94	(1,000.00)
Bobby Scott For Congress PO Box 251 Newport News, VA 23607	Outstanding CK-Write Off Cand. Bobby Scott (VA-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-25-94	(1,000.00)
Friends of Farr PO Box 122 Sacramento, CA 93942	Outstanding CK-Write Off Rep. Sam Farr (CA-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-96	(2,500.00)
Pastor For Arizona PO Box 2884 Washington, DC 20013	Outstanding CK-Write Off Rep. Ed Pastor (AZ-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-96	(3,000.00)

SUBTOTAL of Disbursements This Page (optional)

(2,500.00)

TOTAL This Period (last page this line number only)

\$128,500.00

Name of Committee (in Full)
**National Association of Retired Federal Employees Political Action Committee
(NARFE-PAC)**

A. Full Name, Mailing Address and ZIP Code of Loan Source N/A Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
---	-------------------------	----------------------------	---

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
--	-------------------------	----------------------------	---

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) N/A		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 for
 LINE NUMBER 10
 (Use separate schedules
 for each numbered line)

Name of Committee (In Full) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor NARFE 606 North Washington St. Alexandria, VA 22314-1914	-0-	\$23,246.76	-0-	\$23,246.76
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$23,246.76
2) TOTALS This Period (last page in this line only)				23,246.76
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$23,246.76

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought <input type="checkbox"/> Support <input type="checkbox"/> Oppose
N/A				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____
My Commission expires _____

Signature _____ Date _____

NOTARY PUBLIC

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

Page 1 of 1 for
LINE NUMBER _____

(To be used only by Political Committees in the General Election)

Name of Political Committee (In Full) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee N/A				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

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

NAME OF COMMITTEE
National Association of Retired Federal Employees Political Action
Committee (NARFE-PAC)

NATIONAL PARTY COMMITTEES N/A

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 type="checkbox"/> (1 POINT)	
2. U.S. SENATE <input type="checkbox"/> (1 POINT)	
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 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)	
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE
National Association of Retired Federal Employees Political Action
Committee (NARFE-PAC)

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT N/A ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)			TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT		DATE OF RECEIPT	\$
N/A		BREAKDOWN OF TRANSFER RECEIVED	
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			
NAME OF ACCOUNT		DATE OF RECEIPT	\$
		BREAKDOWN OF TRANSFER RECEIVED	
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amount for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support			
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS
SUBTOTAL THIS PAGE			
TOTAL THIS PERIOD			

**JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE**

NAME OF COMMITTEE
National Association of Retired Federal Employees Political Action Committee
(NARFE-PAC)

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
N/A					
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (list page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii) ...					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

**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 1/31/00
<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	
<i>SJA</i>	<i>2/2/00</i>
PREPARER	DATE PREPARED