REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2000 OCT 31 A 10:33

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): U.S. IMMIGRATION REFORM PAC

ADDRESS (number and street) ☐ Check if different than previously reported: C/o JAMES R. BARNES, 437 CLINTON AVE

CITY, STATE and ZIP CODE: BROOKLYN, N.Y. 11238

2. FEC IDENTIFICATION NUMBER: C00253906

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 General (Type of Election) election on NOV. 7 in the State of U.S.A.

☐ 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 10/1/00 through 10/18/00		
6. (a) Cash on Hand January 1, 19____		$ 48,256
(b) Cash on Hand at Beginning of Reporting Period	$ 39,319	
(c) Total Receipts (from Line 16)	$ 16,170	$ 75,526
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 55,489	$ 123,782
7. Total Disbursements (from Line 30)	$ 35,024	$ 103,317
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 20,465	$ 20,465
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: JAMES R. BARNES

Signature of Treasurer: JMRBarnes

Date: 10-26-00

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 9/93)

FE8AN165

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

(revised 1/1/91)

NAME OF COMMITTEE U.S. IMMIGRATION REFORM PAC

REPORT COVERING PERIOD FROM 10/1/00 TO: 10/18/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5,325	28,875	11(a)(i)
ii. Unitemized	10,845	44,059	11(a)(ii)
iii. Total (add i and ii) ➤	16,170	72,934	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	16,170	72,934	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 (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	2,592	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16,170	75,526	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)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	648	10,001	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000	37,500	23
24. Independent Expenditures (use Schedule E)	32,376	55,816	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/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			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	35,024	103,317	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	35,024	103,317	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,170	75,526	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,170	75,526	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	648	10,001	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	648	10,001	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(i)

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): U.S. IMMIGRATION REFORM PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FRANCIS G. COLEMAN, 1807 KALORAMA SQUARE, NW, WASHINGTON, DC, 20008 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NONE; Occupation: RETIRED; Aggregate Year-to-Date: $ 500	9/29/00	$500
B. CAROLYN B COLWELL JR., 1829 SOLEDAD AVE., LA JOLLA, CA 92037 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Scripps CLINIC; Occupation: ORTHOPEDIST; Aggregate Year-to-Date: $ 250	9/29/00	$250
C. KATHRYN BRICKER, 4914 FLINT DRIVE, BETHESDA, MD 20816 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: CENTER FOR MARINE CONSERVATION; Occupation: FUND RAISER; Aggregate Year-to-Date: $ 1,100	9/29/00	$100
D. HANNAH S. DUNCAN, 4333 48 ST. -1B, LONG ISLAND CITY, NY 11104 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NONE; Occupation: RETIRED; Aggregate Year-to-Date: $ 225	9/29/00	$225
E. SARAH G. EPSTEIN, 5620 OREGON AVE. N.W., WASHINGTON DC 20015 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NONE; Occupation: HOMEMAKER; Aggregate Year-to-Date: $ 500	9/29/00	$500
F. JOHN F. RATTUNDE, 95 MOLINO DRIVE, SAN FRANCISCO, CA 94127 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: ; Occupation: ; Aggregate Year-to-Date: $ 350	9/29/00	$200
G. MURRAY I. SHEAR, 215-04 24th AVE., FLUSHING, N.Y. 11360 — Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NONE; Occupation: ; Aggregate Year-to-Date: $ 250	9/29/00	$250

SUBTOTAL of Receipts This Page (optional) $2,025

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
U.S. IMMIGRATION REFORM PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ELIZABETH K. VANSTAAVEREN, 1008 NW CASCADE WAY, MCMINNVILLE, OREGON 97128 — Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: NONE; Occupation: RETIRED; Aggregate Year-to-Date > $ 1,000	9/29/00	$1,000
B. BEN ZUCKERMAN, 740 WESTHOLME AVE., LOS ANGELES, CA 90024 — Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: UNIV. OF CALIFORNIA; Occupation: PROFESSOR; Aggregate Year-to-Date > $ 300	9/29/00	$300
C. NEAL E. SHELDON, 3701 S. GEORGE MASON DR. #2009 N, FALLS CHURCH, VA 22041 — Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: NONE; Occupation: RETIRED; Aggregate Year-to-Date > $ 1,000	10/11/00	$1,000
D. MAX THELEN, 199 MOUNTAIN VIEW AVE., SAN RAFAEL, CA 94901 — Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: NONE; Occupation: RETIRED; Aggregate Year-to-Date > $ 500	10/11/00	$500
E. JOHN B. TREVOR, 425 WORTH AVE., APT. 5F, PALM BEACH, FL 33480 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NONE; Occupation: RETIRED; Aggregate Year-to-Date > $ 1,500	10/11/00	$500
F. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer; Occupation; Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer; Occupation; Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $3,300

TOTAL This Period (last page this line number only) $5,325

FEC/N 193

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 C

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NAME OF COMMITTEE (In Full)
U.S. IMMIGRATION REFORM PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KENNETH C. MCALPIN 527 POPLAR DRIVE FALLS CHURCH, VA 22046	POSTAGE & PRINTING Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/1/00	$648
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$648
TOTAL This Period (last page this line number only)	$648

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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)
U.S. IMMIGRATION REFORM PAC

A. Full Name, Mailing Address and ZIP Code FRIENDS OF GEORGE ALLEN P.O. BOX 573 RICHMOND, VA 23218	Purpose of Disbursement VIRGINIA SENATE Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/13/00	Amount of Each Disbursement This Period $2,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$2,000
TOTAL This Period (last page this line number only)	$2,000

FEAAN103

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page 1 of 1 Pages

Name of Committee (in Full): U.S IMMIGRATION REFORM 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
DAVIS & COMPANY 101 W. MAIN STREET SUITE 790 NORFOLK, VA 23510	PURCHASE OF RADIO & NEWSPAPER ADVERTISING	10/13/00	32,376	SPENCER ABRAHAM ☐ Support ☒ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 32,376

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $

(c) TOTAL Independent Expenditures ..... $ 32,376

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.

Signature: [signature] Date: 10/26/00

Subscribed and sworn to before me this 26 day of October, 2000

My Commission expires: Jan 11 2000

NOTARY PUBLIC

BRIANDA GUZMAN
Notary Public, State of New York
No. 01GU5019367
Qualified in New York County
Commission Expires Jan. 11, 2001

FEMAN103

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 10-26-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

J.G. — PREPARER

10-31-00 — DATE PREPARED

(6/2000)