REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Carper for Senate

ADDRESS (number and street) ☐ Check if different than previously reported.
240 North James Street

CITY, STATE and ZIP CODE — STATE/DISTRICT
Newport DE 19804 DE /

2. FEC IDENTIFICATION NUMBER
C00349217

3. IS THIS REPORT AN AMENDMENT?
☒ YES ☐ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)

☐ 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 11/7/00 in the State of Delaware
☐ Termination Report

This report contains activity for ☒ Primary Election 2006 ☒ General Election 2000 ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/00 through 11/27/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	$329,702.05	$1,912,158.81
(b) Total Contribution Refunds (from Line 20(d))	$2,300.00	$26,425.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$327,402.05	$1,885,733.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$410,152.59	$2,404,915.11
(b) Total Offsets to Operating Expenditures (from Line 14)	$254.00	$632.86
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$409,898.59	$2,404,282.25
8. Cash on Hand at Close of Reporting Period (from Line 27)	$73,035.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$4,630.13	

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: Patricia P. McGonigle

Signature of Treasurer: [signature] Date: 1/30/01

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 3 (revised 4/87)

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