# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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1. NAME OF COMMITTEE (in full): Citizens For Harkin

ADDRESS (number and street): P.O. Box 811

CITY, STATE, and ZIP CODE: Des Moines, IA 50304

2. FEC IDENTIFICATION NUMBER: C00166827

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)
- ☐ Twelfth day report preced _____ election on _____ in the State of _____
- ☐ Thirtieth day report following a General Election _____ in the State of _____
- ☐ Termination Report

This report contains activity for ☑ Primary Election ☑ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

| 5. Covering period 7/1/00 through 12/31/00 | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | $335,251.06 | $710,423.09 |
| (b) Total Contribution Refunds (from Line 20(d)) | $2,565.00 | $2,680.00 |
| (c) Net Contributions (other than loans) (subtract Line 6 (b) from 6(a)) | $332,686.06 | $707,743.09 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | $198,600.01 | $430,814.79 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | $814.92 | $827.42 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | $197,785.09 | $429,987.37 |
| 8. Cash on Hand at Close of Reporting Period | $474,717.19 | |
| 9. Debts and Obligations Owed TO the Comm (Itemize all on Schedule C and/or Schedule | $0.00 | |
| 10. Debts and Obligations Owed BY the Committe (Itemize all on Schedule C and/or Schedule | $0.00 | |

For further information contact:

Federal Election Commission 999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

*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: Theresa Kehoe

Signature of Treasurer: Theresa Kehoe

Date: 1/28/01

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

**FEC FORM 3**

(Revised 4/87)