REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 31 P 3:31

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
First State PAC

ADDRESS (number and street) ☐ Check if different than previously reported
240 North James Street, Suite 100A

CITY, STATE and ZIP CODE
Newport, DE 19804

2. FEC IDENTIFICATION NUMBER
C00363648

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 11/17/2000 through 12/31/2000		
6. (a) Cash on Hand January 1, 2000		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 0	
(c) Total Receipts (from line 19)	$32,000.00	$32,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$32,000.00	$32,000.00
7. Total Disbursements (from Line 30)	$ 0	$ 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)	$32,000.00	$32,000.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 2,383.69	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Susan Frank Bullock

Signature of Treasurer
Susan Frank Bullock

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. §437g.

FEC FORM 3X
(revised 9/93)

FE5AN03B

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: First State PAC

REPORT COVERING PERIOD FROM 11/17/2000 TO 12/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,000.00	1,000.00	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) ➤	1,000.00	1,000.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	31,000.00	31,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	32,000.00	32,000.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	32,000.00	32,000.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	32,000.00	32,000.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (From Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committee (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0	0	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0	0	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	32,000.00	32,000.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	32,000.00	32,000.00	34
35. Total Federal Operating Expenses (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

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) First State 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 The Bonner Group 729 15th Street, NW, Suite 300 Washington, DC 20005	0	2,383.69	0	2,383.69
Nature of Debt (Purpose): Catering & Fundraising Costs				
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)				2,383.69
2) TOTALS This Period (last page in this line only)				2,383.69
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)				2,383.69

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11ai

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)

First State PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Fischer 3606 Newark Street, NW Washington, DC 20016	Morrison & Foerster Partner	12/13/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

FE9A.136

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

First State PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Troutman Sanders L.P. PAC 600 Peachtree Street, Suite 5200 Atlanta, GA 30308		12/12/2000	500.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Treasury Employees PAC 901 E Stret, NW, Suite 600 Washington, DC 20004		12/12/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Skadden Arps PAC 1440 New York Avenue, NW Washington, DC 20005		12/18/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Principal Life Insurance Company PAC 711 High Street Des Moines, IA 50392		12/18/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Preston Gates Ellis & Rouvelas Meeds LLP PAC 1735 New York Avenue, NW, Suite 500 Washington, DC 20006		12/13/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Physical Therapy PAC 1111 North Fairfax Street Alexandria, VA 22314		12/14/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Northeast Utilities Employees PAC Box 270 Hartford, CT 06141		12/13/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

FE8AN136

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

First State PAC

A. Full Name, Mailing Address and ZIP Code National Venture Capital Association PAC 1655 North Fort Myer Drive, Suite 850 Arlington, VA 22209	Name of Employer Occupation	Date (month, day, year) 12/6/2000	Amount of Each Receipt this Period 5,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00		
B. Full Name, Mailing Address and ZIP Code National Community Pharmacists Association PAC 205 Daingerfield Road Alexandria, VA 22314	Name of Employer Occupation	Date (month, day, year) 12/12/2000	Amount of Each Receipt this Period 1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
C. Full Name, Mailing Address and ZIP Code NMU PLOW 1150 17th Street, NW, Suite 700 Washington, DC 22036	Name of Employer Occupation	Date (month, day, year) 12/13/2000	Amount of Each Receipt this Period 1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
D. Full Name, Mailing Address and ZIP Code National Committee to Preserve Social Security & Medicare PAC 10 G Street, NE, Suite 600 Washington, DC 20002	Name of Employer Occupation	Date (month, day, year) 12/14/2000	Amount of Each Receipt this Period 1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
E. Full Name, Mailing Address and ZIP Code National Chicken Council PAC 1015 15th Street, NW, Suite 930 Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 12/13/2000	Amount of Each Receipt this Period 1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code National Association of Chain Drug Stores PAC 413 North Lee Street Alexandria, VA 22314	Name of Employer Occupation	Date (month, day, year) 12/18/2000	Amount of Each Receipt this Period 1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
G. Full Name, Mailing Address and ZIP Code NAPUS PAC for Postmasters 8 Herbert Street Alexandria, VA 22305	Name of Employer Occupation	Date (month, day, year) 12/6/2000	Amount of Each Receipt this Period 1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	11,000.00
TOTAL This Period (last page this line number only)	

FEC/AN135

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

First State PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MBNA Corporation Federal Political Committee MBNA Corporation Wilmington, DE 19884 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 5,000.00	12/13/2000	5,000.00
B. Institute of Scrap Recycling Industries PAC 1325 G Street, NW, Suite 1000 Washington, DC 20005 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 1,000.00	12/13/2000	1,000.00
C. Equipment Leasing Association LEASEPAC 4301 North Fairfax Drive, Suite 550 Arlington, VA 22203 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 1,000.00	12/12/2000	1,000.00
D. Daimler Chrysler Corporation Political Support Committee 1000 Chrysler Drive, CIMS 485-09-82 Auburn Hills, MI 48326 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 1,000.00	12/20/2000	1,000.00
E. Consumer Bankers Association PAC 1000 Wilson Blvd., Suite 3012 Arlington, VA 22209 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 1,000.00	12/13/2000	1,000.00
F. Brotherhood of Locomotive Engineers PAC 1370 Ontario Street Cleveland, OH 44113 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 1,000.00	12/12/2000	1,000.00
G. Association of Trial Lawyers of America PAC 1050 31st Street, NW Washington, DC 20007 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 2,500.00	12/13/2000	2,500.00

SUBTOTAL of Receipts This Page (optional) 12,500.00

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

FEBAN135

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

First State PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Association PAC 325 Seventh Street, NW Washington, DC 20004		12/13/2000	1,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	31,000.00

FE6A\13B

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 1/31/01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

CR — PREPARER

1/31/01 — DATE PREPARED

(6/2000)