

DOW, LOHNES & ALBERTSON, PLLC

ATTORNEYS AT LAW

WASHINGTON, D.C.

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RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
ATLANTA, GEORGIA 30303
TELEPHONE 770-401-8600
FACSIMILE 770-901-8674
2000 MAY 19 P 4 53

May 18, 2000

VIA HAND DELIVERY

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: **DLA PAC - ID # C00346189**

Dear Federal Election Commission:

Please find attached our FEC Form 3X, which reflects the DLA PAC's activity from April 1, 2000 to April 30, 2000.

Please do not hesitate to call me at (202) 776-2349 if you have any questions regarding this filing.

Sincerely,



Tracy A. Locklin

Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 19 P 4:53

1. NAME OF COMMITTEE (in full) DLA PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 New Hampshire Avenue, NW Suite 800	2. FEC IDENTIFICATION NUMBER C00346189
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input type="checkbox"/> 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:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>4/1/00</u> through <u>4/30/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 41,261.84
(b) Cash on Hand at Beginning of Reporting Period	\$ 36,759.84	
(c) Total Receipts (from Line 1B)	\$ 0.00	\$ 0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	\$ 36,759.84	\$ 41,261.84
7. Total Disbursements (from Line 3D)	\$ 500.00	\$ 5,002.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 36,259.84	\$ 36,259.84
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 Kenneth D. Salomon	Date
Signature of Treasurer 	5/19/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

(revised 1/1/91)

NAME OF COMMITTEE DLA PAC		REPORT COVERING PERIOD FROM 4/1/00 TO: 4/30/00	
I Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees	0.00	0.00
i.	Itemized (use Schedule A)		
ii.	Unitemized	0.00	0.00
iii.	Total (add i and ii) >	0.00	0.00
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	0.00
d.	Total Contributions (add a iii, b and c) >	0.00	0.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0.00	0.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	0.00	0.00
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0.00	0.00
ii.	Non-Federal Share	0.00	0.00
b.	Other Federal Operating Expenditures	0.00	2.00
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	500.00	5,000.00
24.	Independent Expenditures (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	0.00	0.00
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	0.00
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00
29.	Other Disbursements	0.00	0.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	500.00	5,002.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	500.00	5,002.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	0.00	0.00
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	0.00	0.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	2.00
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	2.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)

DLA PAC

<p>A. Full Name, Mailing Address and ZIP Code Natalie D. Boone (MEMO ITEM) 1200 New Hampshire Ave, NW Suite 800 Washington DC 20036</p>	<p>Name of Employer Dow, Lohnes & Albertson, PLLC</p>	<p>Date (month, day, year) 4/1/00 4/30/00</p>	<p>Amount of Each Receipt this Period \$150.00 (MEMO ITEM)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt Accounting Services</p>		<p>Occupation Staff Accountant Aggregate Year-to-Date > \$ 2,880.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Sherry A. Mastrostefano (ITEM) 1200 New Hampshire Ave, NW Suite 800 Washington, DC 20036</p>	<p>Name of Employer Dow, Lohnes & Albertson, PLLC</p>	<p>Date (month, day, year) 4/1/00 4/30/00</p>	<p>Amount of Each Receipt this Period \$644.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt Legal Services</p>		<p>Occupation Attorney Aggregate Year-to-Date > \$ 4,161.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Tracy A. Locklin (MEMO ITEM) 1200 New Hampshire Ave, NW Suite 800 Washington, DC 20036</p>	<p>Name of Employer Dow, Lohnes & Albertson, PLLC</p>	<p>Date (month, day, year) 4/1/00 4/30/00</p>	<p>Amount of Each Receipt this Period \$1,485.00 (MEMO ITEM)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt Legal Services</p>		<p>Occupation Attorney Aggregate Year-to-Date > \$ 2,213.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Barbara A. Goffman (MEMO ITEM) 1200 New Hampshire Ave, NW Suite 800 Washington, DC 20036</p>	<p>Name of Employer Dow, Lohnes & Albertson, PLLC</p>	<p>Date (month, day, year) 4/1/00 4/30/00</p>	<p>Amount of Each Receipt this Period \$108.50 (MEMO ITEM)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt Legal Services</p>		<p>Occupation Attorney Aggregate Year-to-Date > \$ 108.50</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Occupation Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional) \$2,387.50

TOTAL This Period (last page this line number only) \$2,387.50

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)
DLA PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heather Wilson for Congress PO Box 14070 Albuquerque, NM 87102	U.S. House NM - 1st Aggregate YTD: \$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/00	\$500.00
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)	\$500.00
TOTAL This Period (last page this line number only)	

