

# REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
FEC MAIL ROOM

For Other Than An Authorized Committee  
(Summary Page)

2000 OCT 21 A 8:44

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (or Club)  
C00073627 091900 P 284  
THOMAS F LEE  
AMERICAN FEDERATION OF MUSICIA  
NS - TEMPO POLITICAL CONTRIBUT  
1501 BROADWAY SUITE 600  
PARAMOUNT BUILDING  
NEW YORK NY 10036

contact:  
ROSALBA R. ABUJINO  
(212) 869-1330 x 244

2. FEC IDENTIFICATION NUMBER  
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 \_\_\_\_\_ (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>07.01.99</u> through <u>12.31.99</u>		
6. (a) Cash on Hand January 1, 19____		\$ 12,806.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,935.64	
(c) Total Receipts (from Line 19)	\$ 11,335.19	\$ 22,293.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,270.83	\$ 35,100.17
7. Total Disbursements (from Line 30)	\$ 15,146.57	\$ 30,975.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,124.30	\$ 4,124.30
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)	\$ 0	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-894-1100

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: THOMAS F. LEE

Signature of Treasurer: Thomas F. Lee Date: 10.18.00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/01)

NAME OF COMMITTEE

**AFM - TEMPO POLITICAL CONTRIBUTIONS COMMITTEE**

REPORT COVERING PERIOD

FROM **07.01.99** TO **12.31.99**

### 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 (see Schedule A)		
ii. Unitemized	10,585.19	21,543.19
iii. Total (add i and ii) >	10,585.19	21,543.19
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	10,585.19	21,543.19
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	750.00	750.00
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,335.19	22,293.19
20. Total Federal Receipts (subtract line 18 from line 19) >	11,335.19	22,293.19

### II. Disbursements

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	5,051.57	11,748.87
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,095.00	18,977.00
24. Independent Expenditures (see Schedule E)	=	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >	=	250.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,146.57	30,975.87
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	15,146.57	30,975.87

### III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 16

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)

**AFM - TEMPO POLITICAL CONTRIBUTIONS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BOBBY SCOTT FOR CONGRESS P.O. BOX 251 NEWPORT NEWS VA 23607		08-31-99	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): RETURN-VOID STATE CHECK	Occupation	Aggregate Year-to-Date > \$	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FRIENDS OF CARL LEVIN P.O. BOX 1857 DETROIT MI 48231		08-31-99	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): RETURN-VOID STATE CHECK	Occupation	Aggregate Year-to-Date > \$	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....

\$ 750.00

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

\$ 750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 3  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

TEMPO POLITICAL CONTRIBUTIONS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BLAGONOVICH FOR CONGRESS P.O. BOX 18415 CHICAGO IL 18415	HOUSE - IL 5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08.05.99	\$ 200.00
B. Full Name, Mailing Address and ZIP Code CONGRESSIONAL BLACK CAUCUS P.O. BOX 2884 WASHINGTON DC 20013	NON-FED PAC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08.05.99	\$ 1,000.00
C. Full Name, Mailing Address and ZIP Code BILL WATKIN FOR CONGRESS 1399 NO. GENEVA AV. # 202 OAKDAVE MN 55128	HOUSE MN 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08.05.99	100.00
D. Full Name, Mailing Address and ZIP Code COMM. TO EVER MOIRA VENTURINI 12329 NEEDLE PINE TREE SILVER SPRING MD 20904	HOUSE NY 12 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08.05.99	250.00
E. Full Name, Mailing Address and ZIP Code DANIO WU FOR CONGRESS 2027 MASSACHUSETTS AV. WASHINGTON DC 20036	HOUSE OR 1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08.05.99	250.00
F. Full Name, Mailing Address and ZIP Code ROBERT BOGUSLAN 2785 MCKENDREE RD WEST FRIENDSHIP MD 21794	HOUSE MI BONDOR FOR CONGRESS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IN-KIND	09.24.99	325.00
G. Full Name, Mailing Address and ZIP Code BONDOR FOR CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	HOUSE MI 10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09.24.99	175.00
H. Full Name, Mailing Address and ZIP Code RODRIGUEZ FOR CONGRESS P.O. BOX 14528 SAN ANTONIO TX 78214	HOUSE TX 28 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09.24.99	500.00
I. Full Name, Mailing Address and ZIP Code BELERDA FOR CONGRESS P.O. BOX 75214 WASHINGTON DC 20013	HOUSE CA 30 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.08.99	500.00

SUBTOTAL of Disbursements This Page (optional)

3,300.00

TOTAL This Period (last page this line number only)

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAWRENCE CLARK 3957 WATERGATE RD INDIANAPOLIS IN 46274	HOUSE IN 10 CARSON FOR CONGRESS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) IN-KIND	10.08.99	\$ 90.00
REGINALD DUVALLE 1737 CLOISTER DR. INDIANAPOLIS IN 46260	HOUSE IN 10 CARSON FOR CONGRESS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) IN-KIND	10.08.99	150.00
RUDOLPH ERIC FINNELL 319 WEST 46TH ST. INDIANAPOLIS IN 46274	HOUSE IN 10 CARSON FOR CONGRESS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) IN-KIND	10.08.99	90.00
JIM. MALONEY 200 EAST MAIN ST. WATERBURY CT 06702	HOUSE CT 5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.08.99	500.00
ALBERT WALTON 3547 MOLLER RD INDIANAPOLIS IN 46274	CARSON FOR CONGRES HOUSE IN -10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) IN KIND.	10.08.99	90.00
RUSSELL WEBSTER 3707 NO. DELAWARE INDIANAPOLIS IN 46205	HOUSE IN 10 CARSON FOR CONGRESS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) IN-KIND	10.08.99	75.00
ABERCOMBIE FOR CONGRESS P.O. BOX 2884 WASHINGTON DC. 20013	HOUSE HI 1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.19.99	500.00
GRIAN BATAO P.O. BOX 5016 VANCOUVER WA 98608	HOUSE WA 3 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10.19.99	250.00
FILLNER FOR CONGRESS - ROBERTS P.O. BOX 127868 SAN DIEGO CA 92112	HOUSE CA 50 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10.19.99	500.00

SUBTOTAL of Disbursements This Page (optional) .....

2,245.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COLLIN: PETERSON 490 M ST. SW APT. 111 WASHINGTON DC 20024	HOUSE MI 8 STAGEHAND FOR SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) IN-KIND	10.18.99	\$ 300.00
B. Full Name, Mailing Address and ZIP Code SEN. CAULK ROBERT 424 C ST. NE 1ST FLOOR WASHINGTON DC 20002	SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.19.99	500.00
C. Full Name, Mailing Address and ZIP Code SHERMAN FOR CONGRESS P.O. BOX 75210 WASHINGTON DC 20504	HOUSE CA 24 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.19.99	250.00
D. Full Name, Mailing Address and ZIP Code REP. DEBBIE STAGENOW 436 NEW VORSEAN AV. SE WASHINGTON DC 20003	HOUSE MI 8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10.19.99	500.00
E. Full Name, Mailing Address and ZIP Code AKAKA FOR SENATE 1645 PINEY LN ALEXANDRIA VA 22302	HOUSE HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.02.99	1,000.00
F. Full Name, Mailing Address and ZIP Code BOLMAN FOR CONGRESS 3415 SUNLVEDA BLVD. # 640 LOS ANGELES CA 90034	HOUSE CA 26 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.02.99	1,000.00
G. Full Name, Mailing Address and ZIP Code GORDON FOR CONGRESS P.O. BOX 2008 MURFREESBORO TN 37137	HOUSE TN 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.02.99	500.00
H. Full Name, Mailing Address and ZIP Code LEE FOR CONGRESS P.O. BOX 29164 OAKLAND CA 94604	HOUSE CA 9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11.02.99	500.00
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)	4,550.00
TOTAL This Period (last page this line number only)	10,095.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>10-19-00</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>10-21-00</i> DATE PREPARED