# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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1. NAME OF COMMITTEE (in full): Barbara Lee for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. Box 29164

2. FEC IDENTIFICATION NUMBER: C00331769

CITY, STATE and ZIP CODE: Oakland, CA 94604

STATE/DISTRICT: CA/09

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 preceeding _____ (Type of Election) election on _____ in the State of _____
☒ Thirtieth day report following the General Election on 11/07/2000 in the State of CA
☐ Termination Report

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

## SUMMARY

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|---|
| 5. | Covering Period 10/19/2000 through 11/27/2000 | | |
| 6. | Net Contributions (other than loans) | | |
| | (a) Total Contributions (other than loans) (from Line 11(e)) | 73,127.82 | 304,446.11 |
| | (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 250.00 |
| | (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | 73,127.82 | 304,196.11 |
| 7. | Net Operating Expenditures | | |
| | (a) Total Operating Expenditures (from Line 17) | 38,208.25 | 250,139.89 |
| | (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 902.07 |
| | (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 38,208.25 | 249,237.82 |
| 8. | Cash on Hand at Close of Reporting Period (from Line 27) | 65,107.89 | |
| 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) | 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: Henry L. Gardner

Signature of Treasurer: X Henry L. Gardner

Date: 12-6-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

**FEC FORM 3**
(revised 4/87)